SOUTHERN DISTRICT YMCA
MEMBERSHIP CANCELLATION FORM

If you only intend to cancel your membership for four months or less, you should speak to the Welcome Desk to discuss putting your membership on hold.

Member Name:_____

Address: _____ City: _____ State: _____Zip:_____

Phone # (Primary):_____

The Y is always looking to improve your membership experience and would greatly appreciate it if you would share with us the reason for your cancellation

- ☐ Relocation, I am moving to _____
- ☐ No longer use the facility, please tell us why: _____
- ☐ Financially related
  - Have you applied for financial assistance: Yes ☐ No ☐
- ☐ Switching to another local facility, why?_____
- ☐ Lost motivation
  - How could we help?_____
- ☐ Unsatisfied with the facility, why?_____
- ☐ Unsatisfied with the service, why?_____
- ☐ Hours of operation, specify:_____
- ☐ Equipment is unavailable, specify:_____
- ☐ Unsatisfied with programs, specify:_____
- ☐ Facility is crowded

Do you have any suggestions for ways in which we could improve?

_____

_____

_____

_____

Your membership will terminate on the 1st day of the following month, if there is no balance due on the account. The effective date of your membership termination will be: _____.
You will be subject to the join fee upon your request to rejoin the facility. Initial here _____.

MEMBER SIGNATURE: _____ DATE:_____

SENIOR MEMBERSHIP REP:_____ DATE:_____

REVISED 5/8/25