



WILSON FAMILY YMCA
MEMBERSHIP CANCELLATION FORM

Primary member name _____

Membership Number _____ Phone Number _____

Main reason for cancellation (please check one):

- | | |
|--|--|
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Drop for summer or winter |
| <input type="checkbox"/> Medical concerns | <input type="checkbox"/> Unsatisfactory facility |
| <input type="checkbox"/> No longer using facility | <input type="checkbox"/> Unsatisfactory service |
| <input type="checkbox"/> Monetary Problems | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Switching to another facility | _____ |

Can you make suggestions for ways in which the YMCA could be improved?

Please cancel my membership to the Wilson Family YMCA. I understand that my membership will be cancelled 30 days after the YMCA receives this form. There may be a final payment due for my last month of membership. If I re-join the YMCA within 90 days, I will not have to pay the initiation fee.

Signature: _____ Date: _____



YMCA

We build strong kids,
strong families, strong communities.

YMCA Mission:

To Put Christian principles into practice through programs that build healthy spirit, mind and body for all.

YMCA USE ONLY:

Deleted from Membership system _____

Follow Up: _____

Staff Signature _____ Date _____