

FIRST NAME	MI	LAST NAME	DATE OF BIRTH / /
PHONE NUMBER	EMAIL ADDRESS		

**REASON FOR CANCELLATION** - Please select one

☐ **NO LONGER USING FACILITY** - please tell us why:

\_\_\_\_\_ no time \_\_\_\_\_ lack of motivation \_\_\_\_\_ seasonal (consider a 3- month HOLD)

☐ **MEDICAL REASONS** - Would a HOLD on your membership be better for you? \_\_\_\_\_

☐ **RELOCATION**—are you moving or just joining another fitness center?

☐ **MONETARY/FINANCIAL REASONS**—Have you considered assistance from our OUTREACH PROGRAM? \_\_\_\_\_

☐ **OTHER** - PLEASE EXPLAIN: \_\_\_\_\_

**PLEASE READ AND SIGN BELOW:**

It is my understanding that cancellations must be received by the LAST DAY of the month for my draft to be cancelled; any cancellations after the LAST DAY of the month will result in one final draft on my account. If I stop payment on the final draft, I will be charged the service charges incurred by the YMCA of Callaway County. By cancelling, or allowing my membership to expire, I realize that my joining fee is non-transferable after 60 days. The YMCA of Callaway County cannot give refunds or credits unless you have proof of cancellation.

**PLEASE RETAIN A COPY FOR YOUR RECORDS.**

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEMBER SERVICES USE ONLY:**

DATE FORM WAS RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF LAST DRAFT \_\_\_\_ (month) / \_\_\_\_ (year)

☐ CHECKED FOR 24/7 ACCESS CARD: list all card numbers associated with account: \_\_\_\_\_

☐ RECONCILED ANY BALANCE ON ACCOUNT

☐ DELETED BILLING METHOD ON ACCOUNT

☐ DAY TERMINATION WILL TAKE EFFECT: \_\_\_\_/\_\_\_\_/\_\_\_\_

STAFF INITIALS: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_

☐ YELLOW COPY GIVEN TO MEMBER

DATE REVIEWED: \_\_\_\_/\_\_\_\_/\_\_\_\_