



YMCA OF CALLAWAY COUNTY

Membership Cancellation Form

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. I understand that I must surrender any 27/7 access cards associated with this membership or be assessed a \$10 replacement fee per card.

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: _____
 Include cards with form. If cards weren't returned, did you assess a \$10 replacement card fee? _____
 - 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: ____/____/____