



YMCA OF CALLAWAY COUNTY

Membership Cancellation Form

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

REASON FOR CANCELLATION - PLEASE SELECT ALL THAT APPLY.

NO LONGER USING FACILITY, please select a reason: _____ no time; _____ lack of motivation; _____ other

MEDICAL REASONS - DID YOU KNOW YOU CAN PUT YOUR MEMBERSHIP ON HOLD? _____

RELOCATING/MOVING

FINANCIAL REASONS—Have you considered our OUTREACH PROGRAM? _____

JOINED ANOTHER FITNESS CENTER: where? _____

SEASONAL— DID YOU KNOW YOU CAN PUT YOUR MEMBERSHIP ON HOLD? _____

DISSATISFIED— 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 ____/05/____

RECONCILED ANY BALANCE ON ACCOUNT

DELETED BILLING METHOD ON ACCOUNT

DAY TERMINATION WILL TAKE EFFECT: ____/____/____

YELLOW COPY GIVEN TO MEMBER

STAFF INITIALS: _____ VERIFIED BY: _____

DATE REVIEWED: ____/____/____