



**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 HOLD on your membership)
- 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? \_\_\_\_\_
- 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 \_\_\_\_ (month) / \_\_\_\_ (year)

- 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: \_\_\_\_/\_\_\_\_/\_\_\_\_