

Home Center _____ YMCA ID _____ Date _____

Company Name _____ Company Representative _____

Last Name		First Name		Middle Name	Please help us to provide better service in the future by answering the following questions:								
Preferred Name (if different)		Birthdate / /											
Home Address				Apt. #	1. What were your goals when you joined the YMCA?								
City				State	Zip								
Phone: Home () () ()		Work () () ()		Cell () () ()	2. Were you able to reach your goals? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:								
3. What would have made your YMCA experience more valuable?													
4. Is there anything we can do to change your mind about cancelling your membership?													
5. Comments:													
Payment Method: (if applicable) Bank Draft/Credit Card – Date of Draft: <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th Additional amenities included in my membership: <input type="checkbox"/> Parking <input type="checkbox"/> Tennis <input type="checkbox"/> Locker Rental <input type="checkbox"/> Other _____ I am cancelling because (please choose all that apply): <table border="1"> <tr> <td><input type="checkbox"/> Change in Employment</td> <td><input type="checkbox"/> Joined other Facility</td> <td><input type="checkbox"/> Subsidy/Group Contribution Expired</td> <td><input type="checkbox"/> Medical</td> </tr> <tr> <td><input type="checkbox"/> Facility Hours</td> <td><input type="checkbox"/> Moved</td> <td><input type="checkbox"/> Rate Increase</td> <td><input type="checkbox"/> Family Emergency</td> </tr> </table> <input type="checkbox"/> Financial Burden (would you be interested in our financial assistance program?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dissatisfied (Please explain) _____						<input type="checkbox"/> Change in Employment	<input type="checkbox"/> Joined other Facility	<input type="checkbox"/> Subsidy/Group Contribution Expired	<input type="checkbox"/> Medical	<input type="checkbox"/> Facility Hours	<input type="checkbox"/> Moved	<input type="checkbox"/> Rate Increase	<input type="checkbox"/> Family Emergency
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I UNDERSTAND THAT THE YMCA REQUIRES 30 DAYS WRITTEN NOTICE TO STOP MY BANK DRAFT. I ALSO UNDERSTAND THAT SHOULD I CHOOSE TO REJOIN WITHIN 30 DAYS OF CANCELLATION, I WILL NOT HAVE TO PAY AN ADDITIONAL JOINING FEE. HOWEVER, IF I CHOOSE TO REJOIN AFTER 30 DAYS, I WILL BE CHARGED AN ADDITIONAL JOINING FEE.													
Signature					Date / /								
Staff Member					Date / /								
PLEASE RETAIN A COPY FOR YOUR RECORD OF CANCELLATION.													
Office Use Only													
UNITY	Entered By:	Staff Initials	Date / /										

