



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA of Marquette County

# MEMBERSHIP CANCELATION

## 1. CURRENT PRIMARY MEMBER INFORMATION PLEASE PRINT

First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## 2. PLEASE TELL US YOUR REASON FOR CANCELING

- |                                                        |                                                                      |
|--------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Financial                     | <input type="checkbox"/> Joining another facility (Which one?) _____ |
| <input type="checkbox"/> Location no longer convenient | <input type="checkbox"/> Lost motivation                             |
| <input type="checkbox"/> Medical or health             | <input type="checkbox"/> Moved                                       |
| <input type="checkbox"/> Insufficient usage            | <input type="checkbox"/> Schedule conflict                           |
| <input type="checkbox"/> Unsatisfactory Facility       | <input type="checkbox"/> Unsatisfactory Service                      |
| <input type="checkbox"/> Too crowded                   | <input type="checkbox"/> Other _____                                 |

Comments: \_\_\_\_\_

## 3. DRAFT INFORMATION AND SIGNATURE

Payment Method - Must be submitted by **25th** of previous month.

- |                                              |                                                  |                                               |
|----------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> MGH Payroll         | <input type="checkbox"/> Completed MGH STOP Form | Membership ends on the last day of the month. |
| <input type="checkbox"/> Scholarship-Monthly |                                                  | Membership ends on the last day of the month. |
| <input type="checkbox"/> Draft               | Cancellation Takes Effect _____ / 14 / _____     |                                               |

4. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### For Office Use Only

Date received _____ / _____ / _____	Date of final payment _____ / _____ / _____
Final date of membership _____ / _____ / _____	MGH form faxed: _____
Locker Rental Paperwork (Yes/No): _____	YMCA Staff Initials: _____

### BACK OFFICE

Date Processed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Initials \_\_\_\_\_