



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.

- Scholarship-Monthly** Membership ends on the last day of the month.
- Draft** Cancellation Takes Effect _____ / 14 / _____

4. SIGNATURE _____ DATE _____

For Office Use Only

Date received _____ / _____ / _____

Date of final payment _____ / _____ / _____

Final date of membership _____ / _____ / _____

Locker Rental Paperwork (Yes/No): _____

YMCA Staff Initials: _____

BACK OFFICE

Date Processed _____ / _____ / _____

Initials _____