

YMCA of Marquette County—Membership Cancellation Form

One form per membership.

Your membership will be cancelled effective the 8th day of this month.

Forms completed after the 7th of the month will be processed the following month.

Primary member: _____ Phone #: _____

Other members: _____

Address: _____

I authorize the cancellation of my/our membership and/or payment plan.

Signature: _____ Today's Date: _____

Indicate

- | | |
|--|--|
| <input type="checkbox"/> Monthly Bank Draft | <input type="checkbox"/> MGH payroll deduct - Complete stop form |
| <input type="checkbox"/> Bell payroll deduct | <input type="checkbox"/> Monthly Scholarship |

Reason for cancellation:

- Financial Non use Dissatisfied (please comment below) Moving Switching gyms
 Seasonal Health issues Other _____

Please help us improve by completing this survey:

	Very satisfied		Satisfied		Very dissatisfied
Staff	5	4	3	2	1
Facility	5	4	3	2	1
Services	5	4	3	2	1
Hours	5	4	3	2	1

Comments: _____

For office use only:

Date received: ____/____/____

Final date of membership: ____/7/____

Date of final payment: ____/____/____

YMCA Staff initials: _____

Member ID#: _____

Bell/MGH form faxed: _____