



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

**2. ADDITIONAL MEMBERS ON SAME MEMBERSHIP**

Name \_\_\_\_\_ Sex  M  F Birthdate \_\_\_\_\_  
Name \_\_\_\_\_ Sex  M  F Birthdate \_\_\_\_\_  
Name \_\_\_\_\_ Sex  M  F Birthdate \_\_\_\_\_  
Name \_\_\_\_\_ Sex  M  F Birthdate \_\_\_\_\_

**3. PLEASE TELL US YOUR REASON FOR CANCELING**

- Financial
- Location no longer convenient
- Medical or health
- Insufficient usage
- Too crowded
- Joining another facility (Which one?) \_\_\_\_\_
- Lost motivation
- Moved
- Schedule conflict
- Other \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

**4. DRAFT INFORMATION AND SIGNATURE**

- Payment via Payroll deduction or monthly scholarship** - Must be submitted by the 25th of previous month, Membership ends on the 25th
  - MGH Payroll     Bell Payroll     Scholarship-Monthly
  - Completed MGH/BELL STOP Form**

- Payment via Draft** - Must be submitted by the 7th of current month, membership ends on the 7th

If after these dates cancellation will be effective on the following draft

Cancellation Takes Effect \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY YMCA STAFF**

Date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of final payment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Final date of membership \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

YMCA staff initials \_\_\_\_\_

MGH/Bell form faxed \_\_\_\_\_