



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Metro Chicago MEMBERSHIP CANCELLATION REQUEST

MEMBER INFORMATION PLEASE PRINT

Date _____

Member Name _____ Membership ID _____ Member Type _____

Address _____ City _____ State _____ Zip _____

Email _____

REASON FOR CANCELLATION

- Relocation
- Military deployment
- Medical
- Location of facility
- Transferred to another Y
- Lack of use
- Financial hardship
- Facility too crowded
- Joined another facility
- Additional Reasons (please explain)

Please share any suggestions you have for improving your YMCA:

I understand that I can cancel my membership at any time by giving the YMCA a minimum of 5 business days notice. The cancellation may be made in person, by postal mail or email with receipt of confirmation. If I participate in a membership draft payment plan, the YMCA will continue to draft until I cancel the membership as provided above. Any membership cancellation will be effective as of the next billing cycle. The Y cannot refund the prepaid portion of my membership. Cancellation of membership is not necessarily cancellation of Annual Fund deductions and vice versa.

Member Signature _____ Date _____

OFFICE USE

Branch Code _____ Type _____

Membership ID _____ Last Date to use facility _____

Last Draft/Auto-Charge Date _____

Length (Circle one) Annual Continuous

Billing Frequency (Circle one) Annual / Quarterly / Monthly Auto Charge-Visa / MC / DIS / AMEX Bank Draft - 1st / 15th

Special _____

Notes _____
