



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 \_\_\_\_\_

\_\_\_\_\_