



# WOODSON YMCA CANCELLATION FORM

Member Name: \_\_\_\_\_

**Membership Type**

- Family / Household\*
- Adult / Ages 25+
- Young Adult / 18 - 24
- Youth
- 55+ Senior

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Youth Members Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have 24 Hour Access at The Aspirus Branch?  Yes  No

**Reason for Cancellation:**

- Moving out of the area
- Not using enough to justify the cost
- Medical reasons: putting membership on medical hold is available with a doctor's note
- Joined another fitness facility. What is the name of new facility: \_\_\_\_\_
- Program times/availability
- Financial: Would you like to be contacted in regard to financial assistance? YES or NO
- Other: please explain: \_\_\_\_\_

What did you LIKE most about your Woodson YMCA membership? \_\_\_\_\_

What could the Woodson YMCA improve upon? \_\_\_\_\_

Did you feel engaged as a member?  Yes or  No Comment: \_\_\_\_\_

**Please rate each category on a scale of 1-5, with 5 being excellent:**

- |                                   |                          |                                |
|-----------------------------------|--------------------------|--------------------------------|
| _____ Cleanliness of Facility     | _____ Staff Friendliness | _____ Communication            |
| _____ Equipment/Maintenance       | _____ Staff Knowledge    | _____ Facility Security/Safety |
| _____ Quality/Variety of Programs | _____ Hours of Operation | _____ Overall Membership Value |

**Please read the following statements carefully and acknowledge with your signature below:**

- I understand that I will have to repay the joiner fee if my membership is more than 30 days expired.
- If I pay via automatic withdrawal from a credit card/bank account, I understand that I will be drafted on the 20th of the current month to pay for the first day of the current month to the last day of the current month.
- My membership will expire on the last day of the current month.
- If I paid for my membership in full, I will receive a refund for the remaining months on my membership.
- I understand that all outstanding balances must be paid before I am able to join again.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

- Joined during promo?
- 24 Hour Access  FOB de-activated or  Email sent to TL

**Membership Type**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Family / Household*   | <input type="checkbox"/> CSM Family    | <input type="checkbox"/> Goodwill Family/Household* |
| <input type="checkbox"/> Adult / Ages 25+      | <input type="checkbox"/> CSM Adult     | <input type="checkbox"/> Goodwill Adult             |
| <input type="checkbox"/> Young Adult / 18 - 24 | <input type="checkbox"/> Community Kid | <input type="checkbox"/> Insurance Plan             |
| <input type="checkbox"/> Youth                 |  |   |
| <input type="checkbox"/> 55+ Senior            |  |   |

**Payment Type**

- Bank Draft / Credit Card
- Annual: Refund Date \_\_\_\_\_  
Amount: \_\_\_\_\_

**Termination Date**

- End of Current Month
- Other: \_\_\_\_\_

Staff's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Director Use:  Completed in Daxko Date: \_\_\_\_\_ Initials: \_\_\_\_\_