



THE FAMILY YMCA OF EMPORIA-GREENSVILLE

**MEMBERSHIP CANCELLATION FORM
(CANCEL MEMBERSHIP)**

NOTE: Recurring memberships run from the first through the last day of each calendar month. Membership drafts delayed until the 15th of the current month **WILL STILL OCCUR.**

Name of Primary Adult Member: _____

Primary Adult Member Date of Birth: _____

Reason for dropping membership: Please use the back of this form if you need to expand on your answer.	<input type="checkbox"/> No longer using facility	<input type="checkbox"/> Family relationship change	<input type="checkbox"/> Child aged out of family	<input type="checkbox"/> Switched to another facility
	<input type="checkbox"/> Dissatisfied with crowding	<input type="checkbox"/> Dissatisfied with program offering	<input type="checkbox"/> Dissatisfied with facility	<input type="checkbox"/> Drop for summer or winter
	<input type="checkbox"/> Hours of operation	<input type="checkbox"/> Lost motivation	<input type="checkbox"/> Equipment Availability	<input type="checkbox"/> Medical reasons
	<input type="checkbox"/> Unsatisfactory facility	<input type="checkbox"/> Relocation	<input type="checkbox"/> Financial Reasons (Did you know we offer reduced fees based on household income? Ask for details if you wish to apply.)	<input type="checkbox"/> Deceased
	<input type="checkbox"/> Unsatisfactory service. PLEASE EXPLAIN	<input type="checkbox"/> Other. PLEASE EXPLAIN		

I authorize the Family YMCA of Emporia-Greensville, Inc., and my financial institution to stop my monthly draft/charge drawn on my account by the Family YMCA of Emporia-Greensville, Inc. for membership payment effective the first day of next month. This action will cancel my membership with the YMCA effective the last day of the current month. I understand that my membership runs from the first day of each calendar month through the last day of each calendar month and if my draft for the current month is scheduled for the 15th, it is still due and will be drafted. Should any draft/charge not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. The Family YMCA of Emporia-Greensville, Inc. has the right to redraft/recharge any account that had non-sufficient funds. The YMCA reserves the right to charge a fee equal to the maximum allowed by the Commonwealth of Virginia for non-sufficient bank drafts and/or credit card returns. I understand that I may be required to pay another Joiner's Fee if I rejoin after a 30 day lapse in membership. **REMINDER: Recurring memberships run from the first through the last day of each calendar month. Membership drafts scheduled on the 15th will still occur for the current month.**

SIGNATURE _____

DATE _____

Received at YMCA by _____ Date _____
 Change entered into Member ST by _____ Date _____

1. I/We valued my/our experience at the YMCA				
Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
5	4	3	2	1
2. I/We feel that the YMCA met my/our needs.				
Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
5	4	3	2	1
3. If my/our circumstances changed I/we would rejoin the YMCA.				
Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
5	4	3	2	1
4. I/We joined the YMCA for the following reasons (circle all that apply):				
Gym/Basketball	Child Care	Indoor Track	Wellness Center	Other
5. I feel that I received the full benefit of my YMCA membership.				
Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
5	4	3	2	1

6. If I could change the YMCA for the better, I would: _____

7. Additional Comments: _____

_____ **THANK YOU!**