



FAMILY YMCA OF EMPORIA-GREENSVILLE

Membership Cancellation

Cancellations must be requested in writing before the end of a month to not be drafted for future months (i.e., If your draft day is the 15th and you cancel on the 1st, you will still be drafted on the 15th and the membership will end at the end of that month.).
Memberships run from the 1st through the last day of the month.

After 30 days, if you decide to rejoin, you will be charged another joiner fee.

PRIMARY ADULT (RESPONSIBLE PAYEE):

First Name Middle Name Last Name Suffix (i.e., Jr.) Birthdate Employer

FOR YOUTH MEMBERSHIPS:

Youth's First Name Youth's Middle Name Youth's Last Name Youth's Suffix (i.e., Jr.) Birthdate

REASON FOR CANCELLATION? (Check one.)

<input type="checkbox"/>	Dissatisfied with membership (Please explain.) _____ _____
<input type="checkbox"/>	Dissatisfied with programs offered (Please explain.) _____ _____
<input type="checkbox"/>	Financial reasons Are you interested in applying for financial assistance? (Circle one.) YES NO
<input type="checkbox"/>	Medical reasons Were you aware you can place your membership on hold with a doctor's note stating when to begin hold and when he/she recommends resuming your membership? (Circle one.) YES NO
<input type="checkbox"/>	Lost motivation Did you participate in individual or small group wellness coaching, group exercise classes or personal training? (Circle one.) YES NO
<input type="checkbox"/>	Switched to another facility Which one and why? _____

<input type="checkbox"/>	Equipment availability Which equipment did you want/need or wasn't available? _____ _____
<input type="checkbox"/>	Hours of operation When did you need us to be open? _____
<input type="checkbox"/>	Family relationship change
<input type="checkbox"/>	Drop for summer Please note you will be charged another joiner fee if you rejoin 30 days after cancellation.
<input type="checkbox"/>	Relocation
<input type="checkbox"/>	Member has deceased
<input type="checkbox"/>	COVID-19
<input type="checkbox"/>	Other (Please explain.) _____

Please tell us...

- 1) Why did you join the Y? _____
- 2) If you could change something about the Y, what would it be? _____
- 3) I feel like the YMCA met my/our needs (Circle one.) YES NO
- 4) If my/our circumstances changed, I would rejoin the Y. (Circle one.) YESNO

Additional comments: _____

I understand my membership will end at the end of the current month and that if my draft is on the 15th, it will still be drafted. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to pay all fees due. Family YMCA of Emporia-Greenville has the right to redraft/recharge any account that has insufficient funds. The YMCA reserves the right to charge a fee equal to the maximum allowed by the Commonwealth of VA for insufficient bank drafts and/or credit card returns.

Primary adult signature **Date**

FOR OFFICE USE ONLY Entered into Daxko by _____ Date _____ Revised 3.17.21
