



# Membership Cancellation

Email completed form to [info@winonaymca.org](mailto:info@winonaymca.org) or return to our front desk

Name (first, mi, last) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (include city, state) \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_ (initial here) I understand I must submit written notification fifteen (15) days prior to my draw date. In accordance with the Membership Application Agreement, this form is notification to the Winona Family YMCA that I request my monthly automatic EFT/CC/DC withdrawals to be stopped and my YMCA membership cancelled. The YMCA agrees to extend my affiliation until the last date of the calendar month my cancellation was submitted, unless otherwise noted. I understand I may be charged a joining fee if I join again.

### Reason for Cancellation *check all that apply*

- Vacation/Away for the Season (Did you know we can place a hold on your account?)
- Medical (Are you aware of our medical hold policy?)
- Relocation/Moving
- Facility Cleanliness
- Cost (Did you know 25% of members receive financial aid?)
- Lack of Use

Staff use only
Membership Type: _____
Cancellation Date: _____
Last Draft Date: _____
Membership Valid Through: _____

Program Dissatisfaction, why? \_\_\_\_\_

Facility Dissatisfaction, why? \_\_\_\_\_

Lack of Program offerings. What are you looking for? \_\_\_\_\_

Joined another Facility, why? \_\_\_\_\_

Other Comments \_\_\_\_\_

### Please grade the follow areas: (A = high rating, D= low rating)

Cleanliness of the building	A	B	C	D
Friendliness of the staff	A	B	C	D
Overall quality of the YMCA programs	A	B	C	D
Overall value of the YMCA membership	A	B	C	D
Maintenance of equipment	A	B	C	D
Locker room and showers	A	B	C	D

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Staff only</b> Member ID _____	Locker 1 M / W # _____	Locker 2 M / W # _____
Date Received _____	Staff Initials _____	Date Processed _____
Notes: _____		