



# WOODSON YMCA CANCELLATION FORM

Member Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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 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 below

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

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 initials:**

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

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STAFF USE ONLY

### Membership Type

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Adult          | <input type="checkbox"/> Family/Household | <input type="checkbox"/> Youth               | <input type="checkbox"/> Senior Family (Ages 65+) |
| <input type="checkbox"/> Partial Adult  | <input type="checkbox"/> Partial Family   | <input type="checkbox"/> Student/Young Adult | <input type="checkbox"/> L&S Men                  |
| <input type="checkbox"/> Goodwill Adult | <input type="checkbox"/> Goodwill Family  | <input type="checkbox"/> 62 Adult            | <input type="checkbox"/> L&S Women                |

### Payment Type

- ☐ EFT/Credit Card ☐ Annual: refund date/amount: \_\_\_\_\_

### Additional Information

Staff Initials: \_\_\_\_\_