



WOODSON YMCA CANCELLATION FORM

Member Name: _____

Membership Type

Date of Birth: _____ Phone Number: _____

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

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:

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 20th 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'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: _____