



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

UPDATED 04/07/2020

NORTHWEST CT YMCA MEMBERSHIP CANCELLATION FORM

Please Note: To stop payment, the Northwest CT YMCA requires that the membership card be turned in and this form be completed. It takes approximately 30 days from the date of cancellation to stop a bank draft.

Please retain a copy for your records.

Date _____ Phone _____ Member ID# _____

Email Address _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Payment Type: ___ YMCA Draft ___ Paid in Full ___ Payroll Deduction (You are responsible for cancelling with your Payroll Department)

As a terminating member, we ask that you complete this survey as it helps us to continually look for ways to improve our facility and services. Please check all reasons that apply to your member cancellation.

Personal Reasons:

Personal finances

We offer a variety of flexible membership options to meet your lifestyle and financial needs. Did you know that we offer:

Income Based Membership Yes ___ No ___

Recent Job Loss Coverage Yes ___ No ___

Moved to _____ (city/town)

Medical reasons

I thought I would be more motivated, but I wasn't.

Other: _____

Our Service To You:

Dissatisfied with facility, specifically: _____

Dissatisfied with hours of operation, specifically: _____

Dissatisfied with equipment availability, specifically: _____

Dissatisfied with quality of programs or services, specifically: _____

Dissatisfied with class/pool schedule, specifically: _____

I thought the Y would motivate me, but it didn't.

Are you joining another facility? Yes ___ No ___

If we could do one thing to keep you as a member, what would it be?

Would you consider re-joining the Northwest CT YMCA? Yes ___ No ___

Member Signature _____ Date _____

Staff Signature _____ Date _____