



DOW BAY AREA FAMILY YMCA

MEMBERSHIP TERMINATION FORM

Date: _____ Member Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Membership

Youth

Young Adult

Adult

Household

Senior

Reasons For Cancellation

- Moving outside Bay City
- Relocating within Bay City
- Illness/Medical (Ask about our FREE medical hold options)
- Children aged out of programs
- My schedule doesn't allow for me to visit the Y
- Facility too crowded
- Facility Cleanliness
- Financial reason
- Job loss
- Have workout equipment at home
- Joined another facility: _____

Please Provide Feedback!

I would not be canceling if: _____

I would rejoin the YMCA if: _____

Please Review and Check the Following:

- If I am paying monthly, I understand that this notice must be received 14 days in advance of my EFT withdrawal date. I will be responsible for payment of drafts if 14 days advance notice is not received.
- If my account is past due balance, I understand that I must pay the balance in full in order for the termination to be processed.
- Upon rejoining,* new members must pay joining fee and current member rates.

Signature: _____ Date: _____

*If rejoining within 30 days, the joining fee will be waived. Corporate joining fee discount one time only per membership.

OFFICE USE ONLY

Last Draft Date: _____ Membership Exp. Date: _____ Completed By: _____

Contacted On: _____ Staff: _____

Notes: _____