



# CANCELLATION FORM

## YMCA OF MOUNT VERNON

### PLEASE PRINT INFORMATION CLEARLY:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Is this a corporate membership? YES NO

**Is anyone on your membership enrolled in a program at the member rate?** YES\* NO

\*If yes, you must either keep your membership active through the end of the program, or non-member pricing will be applied and the difference charged to the card on file.

### YOUR EXPERIENCE:

- If we could have done one thing to keep you as a member, what would that have been? Please explain: \_\_\_\_\_  
\_\_\_\_\_
- Overall, how would you rate your experience with the YMCA? Please explain: \_\_\_\_\_  
\_\_\_\_\_
- Would you consider re-joining the YMCA of Mount Vernon? YES NO

### MEMBERSHIP CANCELLATION REASON:

- ☐ **Access to equipment at home or work:** We hope you continue being motivated while working out at home.
- ☐ **Cannot Afford/Financial Reasons:** Did you know that the Y provides help to those who qualify for financial assistance? Through our annual campaign and United Way contributions, we are able to provide discounted memberships to those who qualify.
- ☐ **Did not have time:** Did you know that you can access the fitness center 24/7? You can fit your workout time into your schedule and not be dependent on the YMCA operating hours.
- ☐ **Dissatisfied ( Equipment, Facility, Staff, Schedules, Hours of Operation):** Let us know how we can improve. We want to be better when you come back to the Y in the future! Please Explain: \_\_\_\_\_
- ☐ **Drop for the summer or winter:** Did you know you can put your membership on hold for up to 3 months instead? There is a \$10 fee but you do not need to fill out paperwork or pay a join fee when you return.
- ☐ **Lost motivation:** Have you tried the group fitness classes or met with our health and wellness coordinator? They are both free services and a great way to make sure that you have the tools you need for a successful time at the Y.
- ☐ **Health/Medical:** Did you know you can put your membership on hold for up to 3 months? If it is for a medical condition out of your control, we will waive the hold fee.
- ☐ **Membership Prices:** We hope you see the value in a YMCA Membership. If you haven't had the chance to try out all of our services and amenities, we hope you can if you choose to return.
- ☐ **Relocation**
- ☐ **Program ended or no longer enrolled in a program:** We hope your kids continue staying active and healthy.
- ☐ **Joined another facility:** We are sorry to see you go, but happy you are continuing to work towards a healthy lifestyle. Let us know the main reason why you feel the other facility will better serve you: \_\_\_\_\_
- ☐ **Corporate Termination:** We understand you may be changing jobs in which your corporation does not pay a portion of your membership dues. We hope that you see the value in a membership and can always return to the Y paying the regular rate.
- ☐ **Other:** \_\_\_\_\_

Member's Signature (If under 18 - parent/guardian signature)

Today's Date

STAFF USE ONLY (Please initial):

Staff Name: \_\_\_\_\_ Entered into Daxko: \_\_\_\_\_ Effective Date of Cancellation: \_\_\_\_\_