



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 your child currently enrolled in any youth programs? YES NO

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 however 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 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 kid's 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 can 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: _____