



Henry County YMCA

Membership Termination Form

PRIMARY MEMBER (please print)

Legal First Name	M	Legal Last Name	Date of Birth
Current Address		Phone Number	

MEMBERSHIP CANCELLATION

1. What was your primary reason for joining the Henry County YMCA?

2. If we could have done one thing to keep you as a member, what would that have been?

3. What statement below best describes your primary reason for cancelling your membership?

- | | |
|---|--|
| <input type="checkbox"/> Change in employee benefit | <input type="checkbox"/> Dissatisfied with facility, specifically: _____ |
| <input type="checkbox"/> Lost motivation | <input type="checkbox"/> Dissatisfied with programs or service, specifically: _____ |
| <input type="checkbox"/> Medical reasons | <input type="checkbox"/> Dissatisfied with program schedule, specifically: _____ |
| <input type="checkbox"/> Personal finances | <input type="checkbox"/> Dissatisfied with equipment availability, specifically: _____ |
| <input type="checkbox"/> No longer using | <input type="checkbox"/> Dissatisfied with hours of operation, specifically: _____ |
| <input type="checkbox"/> No longer see value for dollar | <input type="checkbox"/> Switching to another fitness facility |
| <input type="checkbox"/> Moving out of the area | |

Overall how would you rate your experience with the YMCA? Excellent Good Fair Poor
Would you consider re-joining the Henry County YMCA? Yes No

I understand that the Henry County YMCA enforces a 30 day notice to cancel a membership. All membership fees accumulated in the next 30 days are your financial responsibility. If your account currently has a balance due, you are required to make payment arrangements with us to pay the balance in full. Failure to make payment arrangements will result in your account being referred to a collection agency. All YMCA membership cards and/or key-tags are property of the Henry County YMCA and will need to be turned in upon termination.

Primary Member Signature: _____ Date: _____

OFFICE USE

Date termination request received: _____ ID Cards turned in? Yes No
Date of last bank/credit card draft: _____ Balance on account? \$ _____
Payment arrangement needed for balance on account? Yes No (Payment Plan Form needs to be completed)
Termination entered into Daxko? Yes No Staff Signature: _____

PULL MEMBERSHIP FOLDER AND PLACE WITH TERMINATED AND INACTIVE FILES