



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Cancelation Form

MEMBERSHIP CANCELATION

Member's Name _____ Phone _____

Mailing Address _____

Monthly Recurring Payment Amount \$ _____ Monthly Recurring Payment Date _____

Membership Type _____ Last Recurring Payment Date _____

Family Center _____

_____ Initial As per my membership agreement, **I understand that this Cancelation Form must be received in person at a YMCA of Central Florida Family Center at least thirty (30) full days prior to my next recurring payment date.** Failure to do so will result in a non-refundable payment for that month. I also understand that if I decide to renew my membership, I will be charged the Join Fee if I rejoin more than 30 days after cancelation.

The Join Fee is a one-time fee as long as you remain an active member of the YMCA of Central Florida. **If you rejoin before _____, you will not be charged a Join Fee.**

Are you aware that we have a scholarship program to help supplement the cost of your membership? Ask the Membership Services Desk for more information.

PROGRAM CANCELATION

Member's Name _____ Phone _____

Participant's Name _____

Monthly Recurring Payment Amount \$ _____ Monthly Recurring Payment Date _____

Last Recurring Payment Date _____ Family Center _____

Program Type _____ Days/Times _____

_____ Initial I understand that by canceling a program, I am not also canceling an existing membership. **I understand that this Program Draft Cancelation Form must be received in person at a YMCA of Central Florida Family Center at least thirty (30) full days prior to my next recurring payment date.** Failure to do so will result in a non-refundable payment for that month.

REASON FOR CANCELING YOUR MEMBERSHIP OR PROGRAM

- | | |
|---|---|
| <input type="checkbox"/> Do not have time to use | <input type="checkbox"/> Facility hours are not convenient |
| <input type="checkbox"/> Moving out of area
(We can provide information about the YMCAs in your new location.) | <input type="checkbox"/> Dissatisfied with certain programs and classes |
| <input type="checkbox"/> Membership is too expensive | <input type="checkbox"/> Joined another gym that better fits my needs |
| <input type="checkbox"/> Do not like the quality of facilities or condition of equipment | <input type="checkbox"/> Facility is too crowded |
| <input type="checkbox"/> Location is not convenient | <input type="checkbox"/> Due to medical reasons |
| <input type="checkbox"/> Dissatisfied with quality of customer service | <input type="checkbox"/> Something else |

We'd love to hear more about your decision to cancel and how we can make improvements. Please complete our member satisfaction survey online at BetterUsYSurvey.smg.com.

Member's Signature _____ Date _____

Join Date (if applicable) _____ Last Facility Access _____

Staff Initials _____ Date _____ Member# _____