



# Genesee County YMCA

## Request for Termination of Membership

I am hereby requesting that the Genesee County Family YMCA discontinue my membership bank draft. **I understand that my draft will be terminated 30 days from the receipt of this notice** and that once I cancel my membership, I will be required to pay the membership re-entry fee should I choose to reinstate my membership after 60 days of termination.

**\_\_\_\_\_ I understand that my account will be drafted one more time if the next payment draft falls within 30 days of completing this request.**

*Please Rate your overall satisfaction with the Y:*

- Completely satisfied       Very satisfied
- Satisfied                       Somewhat Dissatisfied
- Completely Dissatisfied

*Would you recommend the Y to a friend?*

- Definitely                       Probably
- Possibly                         Probably Not
- Definitely Not

*What is your reason for terminating at this time?  
Y?*

- Financial Burden               No Time
- Illness                             Changed mind
- Moving / Relocation         Too Crowded
- Distance                         Not Enough Variety
- Summer Months               Parking
- Cleanliness                     Other \_\_\_\_\_
- Dissatisfied, Why? \_\_\_\_\_

*How long have you been a member of the*

- Less than one year         1-3 years
- 4-6 years                       7-9 years
- more than 10 years

*Are you aware that the Y offers Financial Assistance?*

- Yes                               No

*Are you leaving the Y to join another health club?*

- Yes                               No

*Would you like a member of management to contact you regarding your comments?*

- Yes                               No

*What type of Y Membership do you currently have?*

- Youth                             Junior                             Young Adult                     Adult
- Single Parent                 Family                             Senior                             Senior Couple

*Any suggestions or comments that you have that would help make the Y a better place for you and your family?* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office use only:

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

MSR Initials	
Rec. Date	
Last Draft Date	
Termination Date	