



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP CANCELLATION FORM

## Greater Naples YMCA

**Cancellation Policy:** A 30 day notice is requested to cancel your membership effective immediately or at the end of your current pre-paid monthly billing cycle. No refunds will be given for any unused portion of your last month of paid membership. Note that we never refund membership fees due to lack of use or non-attendance. Joining fees are non-refundable. This cancellation policy is for membership only and does not automatically cancel any current or upcoming program registrations. Cancellations and refunds for youth programs, sports, camps, swim lessons and specialty offerings are subject to a separate cancellation and refund policy.

**Today's Date:** \_\_\_\_\_

**Member ID (for office use only):** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**Cell**

**Home**

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

*Which of the following best describes your reason for leaving the YMCA?*

- |   |  |
|---|--|
| <input type="checkbox"/> Cost/or lack of Value      | <input type="checkbox"/> Medical Reasons **      |
| <input type="checkbox"/> Cleanliness                | <input type="checkbox"/> Moving                  |
| <input type="checkbox"/> Facility Crowding **       | <input type="checkbox"/> NSF/Lack of Payment     |
| <input type="checkbox"/> Financial *                | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Hours of Operation         | <input type="checkbox"/> Program Dissatisfaction |
| <input type="checkbox"/> Joined another facility    | <input type="checkbox"/> Seasonal                |
| <input type="checkbox"/> Location                   | <input type="checkbox"/> Staff Knowledge         |
| <input type="checkbox"/> Lost Motivation/ Not Using | <input type="checkbox"/> Staff Termination       |
| <input type="checkbox"/> Promotion Ended            |  |

\*Did you know we offer financial assistance? Please ask for information.

**Member comments:** \_\_\_\_\_

**Member Signature (Print Name if completing online):** \_\_\_\_\_

Office Use Only	
<input type="checkbox"/> Draft on the 1 <sup>st</sup>	<input type="checkbox"/> Draft on the 15 <sup>th</sup>
Membership Expires Date _____, 20____	Membership Expires Date _____, 20____
Last Draft Date: _____ / 01 / _____	Last Draft Date: _____ / 15 / _____
Staff signature	Date
_____ Removed from Access Control	_____ Obtained Access Control Cards