



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CANCELLATION OF CREDIT CARD DRAFT MEMBERSHIP

This form is notification to the YMCA of Greater Bergen County that I request my monthly automatic credit card withdrawals to be stopped and that my membership is cancelled. **I understand that I must submit written notification no later than the 8th of the month.** The YMCA agrees to extend my affiliation reflective of my prepayment calculated from the last date of joining.

Member's Name (please print)

Date submitted to YMCA

Signature of Member

Member Number

Reason for Cancellation (please check all that apply)

- Relocating
- Vacation or away for the season
- Non-usage
- Value of Membership is not equal to the price
- Cost prohibited (Would you qualify for YMCA financial assistance?)
- Home gym
- Joined another facility
- Medical (If short term, please consider a YMCA medical membership hold)
- Other: _____

Please grade the following areas: (A = high rating; F = poor rating)

Cleanliness of the building	A	B	C	D	F
Friendliness of the staff	A	B	C	D	F
Competence of the staff	A	B	C	D	F
Overall quality of YMCA programs	A	B	C	D	F
Overall value of YMCA membership	A	B	C	D	F
Convenience of scheduling	A	B	C	D	F
Maintenance of equipment	A	B	C	D	F
Locker room and showers	A	B	C	D	F

What else would you like to tell us about the YMCA? _____

For cancellation to be valid this section must be received by and completed by a Y Representative.

Y Representative Signature _____ **DATE RECEIVED** _____

Y Representative Name (PRINT) _____ Membership Type _____

Membership Expiration Date _____

Confirmation Letter Sent-Date _____