



REQUEST TO CANCEL PREAUTHORIZED PAYMENTS AND MEMBERSHIP EXIT INTERVIEW

CANCELLATION

As indicated by my initials below, I understand the provisions for cancellation as agreed to upon initiating the preauthorized payment.

_____ A member may terminate his/her membership at any time. This must be done via email or in person by signing the request for cancellation and returning all YMCA membership cards affected. NOTE: THE YMCA WILL NOT ACCEPT PHONE CALLS FOR CANCELLATION. Cancellations of membership must be requested 30 days before next draft. If enrolled in programs, the base cost of the program(s) will increase to the non-member pricing for any program currently taking place or future programs registered for.

I hereby request to cancel the preauthorized payment of my membership dues. I understand my membership will remain active through _____ and my last draft will occur _____.

MEMBER NAME		CUSTOMER ID
MEMBER SIGNATURE		DATE
STAFF NAME	STAFF SIGNATURE	

MEMBERSHIP EXIT INTERVIEW

Please help us to better understand why you — an important part of our YMCA — are leaving us.

REASON FOR CANCELLATION

- | | | |
|---|---|--|
| <input type="checkbox"/> Hours of Operation | <input type="checkbox"/> LIVESTRONG | <input type="checkbox"/> Switching to Another Facility |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Lost Motivation | <input type="checkbox"/> Too Busy / Schedule does not permit |
| <input type="checkbox"/> Dissatisfaction with Facility Crowding | <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Travel Time |
| <input type="checkbox"/> Dissatisfaction with Program Offerings | <input type="checkbox"/> Monetary Programs | <input type="checkbox"/> Unsatisfactory Facility |
| <input type="checkbox"/> Drop for Summer or Winter | <input type="checkbox"/> No Corporate Discount | <input type="checkbox"/> Unsatisfactory Service |
| <input type="checkbox"/> Equipment Availability | <input type="checkbox"/> No Exit Survey/No Reason | |
| <input type="checkbox"/> Lack of perceived value | <input type="checkbox"/> Relocation | |

Is there anything we can do to continue your membership with us? Yes No

If yes, please explain: _____

Why are you canceling your membership today? _____

Do you plan on rejoining the YMCA in the future? Yes No If yes, when: _____

YMCA Financial Assistance is available to individuals and families with limited financial resources.

What was the #1 reason that you joined the YMCA? _____

How effective was the YMCA in helping you meet your goal(s)? _____

What did you most and/or least enjoy about your experience at the YMCA? _____

Other Comments: _____