



Racine Family YMCA

Cancellation/Hold Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRIMARY (Billable) MEMBER		Primary Member ID:	Date of Birth:
First Name	MI	Last Name	
Address		Email	
Email:		Phone #	

HOLD * Fee will be waived during the COVID 19 Safer at Home order		A hold request must be given at least 5 days before the draft date. Hold is request is the start and end dates on the member's draft date.	
START HOLD	____/____/____	END HOLD	____/____/____
Memberships can be on-hold one time per calendar year for up to 3 months. This provides an extended leave from your membership, but saves you from repaying the Joiner's Fee when you return. A hold fee* of \$5 will draft each month of the hold period. The membership will automatically renew without notification at the end of the hold period. If your membership is reactivated before your next draft date, you will be responsible to pay the prorated fee.			

CANCEL	
Effective Date	____/____/____ email phone in person
<p>I understand that by cancelling my membership immediately I forfeit any days left in my membership month/year and am not entitled to a refund.</p> <p>I understand that if I cancel and choose to rejoin the Y after 60 days have passed, I will need to rejoin as a new member and pay the corresponding initial join fee.</p> <p>I understand the YMCA is not responsible for reimbursing membership fees for more than 2 months after my date of cancellation. Please request a copy of the cancellation form for your records.</p>	

Reason for Membership Hold/Cancellation (Check all that apply)

- COVID-19
- Nonuse-No Time
- Moving
- Financial
- Seasonal Use
- Medical
- Joining another facility – which facility? _____
- Dissatisfaction – please explain _____
- Other _____

What did you enjoy most about the Y? _____

- I would be interested in rejoining at another time

I authorize the Racine Family YMCA to make the above changes to my account accordingly

Primary Member Signature	Date
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OFFICE USE ONLY	Staff Initials:	Date:	Hold:	Cancel
Membership Type:	Membership Fee:	Last Draft:	Comments	

Email this form to: frontdesksa@ymcaracine.org