



Racine Family YMCA Membership Cancellation Form

Please Print Billable Member Information

Name _____ DOB _____ Phone _____

Address _____
STREET ADDRESS CITY STATE ZIP CODE

Reason for Cancellation (Check all that apply)

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

What did you like about your YMCA experience? _____

Would you consider rejoining the YMCA at a later date? Yes No

Your last draft date will be _____

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.

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.

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.

Member Signature _____ Date _____

OFFICE USE	Date Cancelled _____	Staff Initial _____	Member received a copy _____
------------	----------------------	---------------------	------------------------------