



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AKRON AREA YMCA

Membership Cancellation Form

PRIMARY MEMBER

Name	Email	
Address	Phone Number	Date of Birth

YOUR EXPERIENCE

What was your primary reason for joining the Akron Area YMCA?				
If we could have done one thing to keep you as a member, what would that have been?				
Overall how would you rate your experience with the YMCA?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Would you consider re-joining the Akron Area YMCA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

MEMBERSHIP CANCELLATION

Think you would just like to work out from the comfort of your home when a time is good for you? Try our Virtual Y Membership for \$10.40/month.

☐ YES, sign me up! ☐ NO, thank you. \$10.40/month draft will start ____/____/____

Which statement below best describes your primary reason for cancelling your membership?

- ☐ **Cannot Afford/Financial:** Did you know that the Y provides help to those who qualify for financial assistance? Through our Annual Campaign, the Akron Area YMCA provides more than 3,000 families membership and program opportunities to build a healthy spirit, mind and body for all! Visit our website to learn more about [applying for a scholarship](#).
- ☐ **Did not have time:** Did you know that your membership can be used at all participating Nationwide YMCAs? Maybe a Y near your home, work or school will keep you on track. You can also put your membership on-hold for up to 3 months.
- ☐ **Dissatisfied (☐ Equipment, ☐ Facility, ☐ Staff, and ☐ Schedules):** We're listening. Let us know how we can improve. We want to be better when you come back to the Y in the future.
- ☐ **Health/Medical:** Did you know that we can put your membership on hold for more than 3 months with a physician's note and help you avoid a startup fee when you return?
- ☐ **Joined another fitness center:** We are sorry to see you go, but happy that you are continuing to work towards a healthy lifestyle. When you want to come back to the Y, we will be here to welcome you.
- ☐ **Lost motivation:** It happens. Have you taken Wellness 101? It's free and a great way to make sure that you have the tools you need for a successful time at the Y.
- ☐ **Moving out of area:** Good luck with your new adventure. As YMCAs are everywhere, I can connect you with a facility near you – and, as an added bonus, ask the new location to waive your join fee.

CANCELLATION AGREEMENT

I hereby request that my membership to the Akron Area YMCA be discontinued as indicated above. I understand that I must submit this form and receive a final draft date from a staff member least 24 hours prior to my membership draft date in order to make any changes to my automatic withdraw. Members participating in payroll deduction with their employer may require up to 2 additional weeks notification. Failure to do so will make subsequent drafts non-refundable.

- ☐ I understand that startup fees will be waived if I renew my membership within 90 days but will apply to renewals after 90 days.
- ☐ I understand that my membership termination will not be final until a YMCA employee provides a Final Draft Date and Membership End Date.
- ☐ I understand that my automatic draft will not be cancelled until I receive a final draft date from a staff member. If I do not submit this cancellation in-person, my cancellation may take longer to process and it is my responsibility to confirm that the form was received by YMCA staff members.

Signature

Date

STAFF USE ONLY

Draft Day of Month

☐ 1st ☐ 15th

Membership End Date

____/____/____

Final Draft Date

____/____/____

Unit ID

Received By

Audited By

We're More than a place. We're a cause.