



BRANCH #

MEMBER #

ACCESS #

YMCA OF FLORIDA'S FIRST COAST NOTICE OF MEMBERSHIP CANCELLATION

We sincerely hope you have enjoyed your membership with the YMCA. In an effort to better serve our current and future members, please take a minute to complete this form. We welcome your feedback.

FIRST NAME _____ M.I. _____ LAST NAME _____

STREET ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

PLEASE RATE THE FOLLOWING:	EXCELLENT	GOOD	AVERAGE	POOR
FACILITIES	4	3	2	1
STAFF	4	3	2	1
CLEANLINESS	4	3	2	1
SAFETY	4	3	2	1
PROGRAMS	4	3	2	1
INFORMATION	4	3	2	1
MEETING YOUR NEEDS	4	3	2	1

REASON(S) FOR LEAVING: _____

WOULD YOU RECOMMEND THE YMCA TO A FRIEND? **YES** **NO**

WHY OR WHY NOT? _____

CANCELLATION AGREEMENT

I understand that thirty (30) days written notice is required for cancellation, and that based on my termination date, another EFT (if applicable), might be necessary. I agree to return all applicable membership cards and understand that I will receive a temporary card for the remainder of my membership for which I have paid or will be paying. I understand I have sixty (60) days to rejoin the YMCA without paying another joining fee.

MEMBER SIGNATURE _____ DATE _____

Thank you for being part of the Y family!

YMCA USE ONLY

BRANCH STAFF _____ DATE _____

TYPE OF MEMBERSHIP _____

TEMPORARY CARD ISSUED (Y / N) FIXED TERM: _____ EFT: _____ 1ST _____ 15TH _____ PAYROLL DEDUCTION _____

REFUND ISSUED (Y / N) \$ _____ FINAL EFT DATE _____ MEMBER EXPIRATION DATE _____

NO JOINING FEE NEEDED UNTIL AFTER _____ REASON _____

STAFF _____ COMPUTER CHANGE DATE _____