



MEMBERSHIP CANCELLATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

REASON FOR LEAVING THE YMCA:

- Hours of Operation
- Equipment Availability
- Financial Reasons*
- Seasonal
- Medical Reasons
- Moving
- Switching to Another Facility
 - New Facility: _____
 - Reason: _____
- Unsatisfactory Program Offerings
- Unsatisfactory Facility
- Unsatisfactory Services
- Other (please explain)

Notes:

**We have Financial Assistance available. Ask Staff for details.*

Your last draft date was/will be on: ____ / ____ / ____ Your membership will be active through: ____ / ____ / ____

Memberships must be cancelled by the 25th of the month prior.

What suggestions could you offer to help us improve our facilities or services?

I hereby request that the monthly membership payment which is drawn from my account be ended. With my draft on the 1st of the month, a cancel needs to be completed by the 25th of the month prior. I also understand that if I allow my membership to lapse for more than 30 days and choose to restart my membership, I may need to pay the enrollment fee. This is will stand as proof of membership cancellation. I will keep a copy for my records, as the YMCA of The Northern Sky cannot give refunds or credits unless I have proof of cancellation.

Member Signature: _____ Date: _____

Staff: _____	Date: _____
Branch Location: _____	
Membership Type: _____	

YMCA of the Northern Sky
 Fercho | 400 1st Ave S | Fargo ND, 58103
 Schlossman | 4243 19th Ave S | Fargo ND, 58103
 Fergus Falls | 1164 N Friberg Ave | Fergus Falls, MN 56537