



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Mount Vernon Cancellation and Change Form

Primary Members Name: _____

Home Address: _____

Phone: (____) _____ Email Address: _____

Is this a corporate membership? YES NO Is your child currently enrolled in any youth programs? YES NO

CHANGE MEMBERSHIP TYPE I wish to make the following change to my membership:

() Change from _____ to _____ (i.e. Adult to Family)

Family change information:

() ADD () DELETE _____ DOB _____ M or F

CHANGE BILLING METHOD I wish to update and/or change my billing method to the following:

Change billing method to: Credit Card last 4 digits ending in: _____ Checking/Savings Account: *Provide voided check*

CANCEL MEMBERSHIP I wish to cancel my membership effective upon receipt because:

- () Relocation () I lost motivation () Facility is not well maintained () Health Issues
- () Became Silver Sneakers () Schedule Change () Corporate - No longer employed with the Company
- () Monetary Problems - *Do you know about our scholarship program?*
- () Other: _____

Do you have any suggestions or how better we could meet your needs:

HOLD I wish to put my membership on hold from ____/____/____ to my return on ____/____/____

A \$10 hold fee will apply. Memberships can only be put on hold for a maximum of 3 months

Member Signature _____ Date _____

STAFF USE ONLY: Staff Name _____ Effective Date of Change: _____ Changed in Daxko: _____