



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Mount Vernon Membership Cancellation Form

Primary Members Name: _____ Phone: (____) _____

Home Address: _____

Is this a corporate membership? YES NO

Is your child currently enrolled in any youth programs? YES NO

**Cancellation forms must be submitted before the last day of the month in order to avoid charges for the following month.*

As a terminating member, we ask that you complete this survey as it helps us to continually look for ways to improve our facility and services. Please check all reasons that apply to your member cancellation.

Personal Reasons:

Monetary Problems

Do you know about our scholarship program? Yes No

Relocation

Medical Reasons

Drop for summer/winter

No longer enrolled in a program

Corporate – No longer employed with the company

Access to equipment at home or work

Lost motivation – How could the Y of helped you?: _____

Schedule Changed

Dissatisfaction Reasons

Facility Cleanliness, specifically: _____

Hours of operation, specifically: _____

Facility too crowded, specifically: _____

Quality of staff services, specifically: _____

Classes or pool schedule, specifically: _____

Price

Are you joining another facility? Yes No

If we could do one thing to keep you as a member, what would it be?

Would you consider re-joining the YMCA of Mount Vernon? Yes No

Member Signature _____ Date _____

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