YMCA of Mount Vernon Cancellation Form

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

PLEASE PRINT INFORMATION CLEARLY:				
			State:	
Zip:	Email:		Is this a corporate membership? YES N	
Is your child current	ly enrolled in any youth progra	ams? YES NO		
YOUR EXPERIENC	E:			
If we could have d	one one thing to keep you as a ı	member, what would that have bee	en? Please explain:	
Overall how would	you rate your experience with t	the YMCA? Please explain:		
Would you conside	er re-joining the YMCA of Mount	t Vernon? YES NO		
	ICELLATION REASON: ow best describes your primary r	reason for cancelling your member	ship?	
	·		who qualify for financial assistance? Through	
	es: We hope you see the value in hope you can if you choose to re		n't had the chance to try out all of our services	
	: Did you know that you can according the YMCA operating hours.	ess the fitness center 24/7, you c	an fit your workout time into your schedule an	
			now how we can improve. We want to be bette	
□ Health/Medical: D control, we will wa		nembership on hold for up to 3 mo	onths? If it is for a medical condition out of you	
	cility: We are sorry to see you g hy you feel the other facility wil		o work towards a healthy lifestyle. Let us know	
☐ Access to equipm	ent at home or work: We hope	you continue being motivated whil	e working out at home.	
	Lost motivation: Have you tried the group fitness classes or met with our health and wellness coordinator? They are both free services and a great way to to make sure that you have the tools you need for a successful time at the Y.			
	Corporate Termination: We understand you may be changing jobs in which your corporation does not pay a portion of your membership dues, we hope that you see the value in a membership can can always return to the Y paying the regular rate.			
		u can put your membership on hold cor pay a join fee when you return	d for up to 3 months instead? There is a \$10 i.	
□ Program ended or	no longer enrolled in a progra	m: We hope your kid's continue st	aying active and heathy.	
□ Other:				
	(If under 18 - parent/guardian s al: Effective Date of Change	_	Todays Date 0:	