



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE SANDHILLS TERMINATION FORM

PRIMARY ADULT INFORMATION

FIRST NAME: _____ LAST NAME: _____
DATE OF BIRTH: _____

REASON FOR TERMINATION:

- NOT UTILIZING FACILITY
- MEDICAL REASONS
- FINANCIAL
- JOINED ANOTHER FACILITY
- RELOCATION
- HOURS OF OPERATION
- DISSASTIFIED WITH FACILITY
- DISSASTIFIED WITH PROGRAMS
- DISSASTIFIED WITH CLASS OFFERINGS
- DISSASTIFIED WITH EQUIPMENT
- SEASONAL
- UNSATISFACTORY SERVICE
- UNSATISFACTORY FACILITY
- OTHER: _____

PLEASE SHARE ANY ADDITIONAL INFORMATION REGARDING YOUR CANCELLATION: _____

WOULD YOU RECOMMEND THE YMCA TO SOMEONE? YES NO COMMENTS: _____
I FEEL THAT THAT THE Y HAS MET MY NEEDS YES NO COMMENTS: _____
I FEEL THAT I RECEIVED THE FULL BENEFIT OF MY YMCA MEMBERSHIP YES NO COMMENTS: _____
ANY ADDITIONAL COMMENTS ON THE YMCA OR HOW WE COULD IMPROVE: _____

FOR STAFF USE ONLY

FINAL DRAFT DATE: _____
MEMBERSHIP EXPIRES ON: _____

MEMBER INITIALS

As stated in my membership agreement, I understand that I must give 30 days written notice before my next draft date in order to cancel my automatic withdrawal.

Memberships reinstated within 90 of the termination date will not be subject to the joining fee. We do not issue refunds due to lack of use or for non-attendance.

MEMBER SIGNATURE: _____ DATE: _____

FOR STAFF USE ONLY

MEMBER HOME BRANCH: _____

BRANCH PROCESSED AT: _____ COPY SENT TO HOME BRANCH YES NO

DATE PROCESSED: _____

EXPIRATION DATE ENTERED IN DAXKO YES NO

COPY DELIVERED TO MEMBER: YES DECLINED

FILE PULLED: YES NO

STAFF NAME: _____ INITIALS