



Mayfield Graves County YMCA  
Membership Cancellation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Cancellation: (Please be honest)

Moving Out of Area

Unable to Afford

Not Using Enough

Facility Times Conflict

Other: \_\_\_\_\_

\*\* All membership cards MUST accompany this form. NUMBER OF MEMBERSHIP CARDS TURNED IN: \_\_\_\_\_

*The member can still use the facility until the end of the month of cancellation.*

Members:

This is my written notice to terminate my membership. Upon signing this form, I understand that my membership will terminate today. It is my responsibility to verify that the cancellation was successful, and the Y is no longer taking membership fees out of my account. I understand that the Y is not responsible for reimbursing membership fees for more than (1) one month after my date of cancellation.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**WE VALUE YOUR OPINION!**

Please leave any comments or suggestions regarding the YMCA below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAFF: Please make a copy of the form after member has completed. The member will get a copy and you will place the second copy in Jonna's box.