



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### CANCELLATION OF CREDIT CARD DRAFT MEMBERSHIP

This form is notification to the YMCA of Greater Bergen County that I request my monthly automatic credit card withdrawals to be stopped and that my membership is cancelled. **I understand that I must submit written notification no later than the 8<sup>th</sup> of the month.** The YMCA agrees to extend my affiliation reflective of my prepayment calculated from the last date of joining.

\_\_\_\_\_  
Member's Name (please print)

\_\_\_\_\_  
Date submitted to YMCA

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

\_\_\_\_\_  
Member Number

**Reason for Cancellation (please check all that apply)**

- Relocating
- Vacation or away for the season
- Non-usage
- Value of Membership is not equal to the price
- Cost prohibited (Would you qualify for YMCA financial assistance?)
- Home gym
- Joined another facility
- Medical (If short term, please consider a YMCA medical membership hold)
- Other: \_\_\_\_\_

**Please grade the following areas: (A = high rating; F = poor rating)**

Cleanliness of the building	A	B	C	D	F
Friendliness of the staff	A	B	C	D	F
Competence of the staff	A	B	C	D	F
Overall quality of YMCA programs	A	B	C	D	F
Overall value of YMCA membership	A	B	C	D	F
Convenience of scheduling	A	B	C	D	F
Maintenance of equipment	A	B	C	D	F
Locker room and showers	A	B	C	D	F

**What else would you like to tell us about the YMCA?** \_\_\_\_\_

\_\_\_\_\_

**For cancellation to be valid this section must be received by and completed by a Y Representative.**

Y Representative Signature \_\_\_\_\_ **DATE RECEIVED** \_\_\_\_\_

Y Representative Name (PRINT) \_\_\_\_\_ Membership Type \_\_\_\_\_

Membership Expiration Date \_\_\_\_\_

Confirmation Letter Sent-Date \_\_\_\_\_