# MEMBERSHIP/ PROGRAM VOUCHER/ REFUND REQUESTS

YMCA of Greater Bergen County, 360 Main Street, Hackensack, NJ 07601
201-487-6600, info@ymcagbc.org

**Credit / Freeze / Refund Policy**
If you will be returning to the YMCA please consider a membership freeze and/or a program Y credit good towards any YMCA service or program. There is no processing fee for Y Credits / Y Medical Freezes and they expire within one year.

**Membership Freeze** may be requested for personal or medical reasons. Requests must be submitted prior to the freeze dates, however they may be back dated/retroactive for medical emergencies. Monthly draft members must submit their request prior to the 8th of the month. Please see the Membership Director for more information on membership freezes.

**Program Credits** may be requested prior to the start of the third class. After the start of the third class, credits for medical reasons only will be issued. Program credits are on a prorated basis.

**Program Refunds** will only be issued if the YMCA cancels a program or with a signed medical excuse from a physician, or if membership is cancelled in conjunction with program withdrawal.
**A processing fee of no more than $15 will be charged per refund requests.** Refund process: allow up to 3-4 weeks.

**Non-Refundable Fees:** Joiner's fees and camp deposits are non-refundable.

Occasionally, a member may have a medical or special circumstance that would require a membership/program be frozen or cancelled. Please submit your request by completing this form and attaching supporting documentation.

Date:_____ Member #:_____

Member's Name:_____

Parent's Name (if applicable):_____

Phone:_____ E-Mail:_____

**PROGRAM REQUEST FOR THE CLASS:**_____

**Session (circle one):** Winter I Winter II Spring Summer Fall I Fall II

□ **Y Voucher** (good for one year) □ **Refund** ($15 processing fee)

**MEMBERSHIP REQUEST FOR THE MEMBERSHIP TYPE:**

_____

□ **Refund** ($15 processing fee)

Note: Medical and Personal Freezes are available. There is no fee for a Medical Freeze and only a 50% monthly dues fee for Personal Freezes. Complete a Membership Request Form for Freezes.

**SUPPORTING DOCUMENTATION** (if applicable):

□ Attached is my doctor's note or other supporting documentation.

**Request Reason** (please explain briefly the reason for your request):

_____

_____

_____

_____

_____ _____
Signature of Member or Parent/Guardian Date

*Thank you for considering the YMCA please return this form to the YMCA, Attention: Membership Coordinator. Remember to keep a copy for your records.*

***Office Use:***
*Date submitted:_____ Received by:_____Member Representative*