



MEMBERSHIP CANCELTATION FORM

In accordance with the Membership Enrollment Agreement you signed, you must give the Butte Family YMCA written notice by the LAST DAY of the month (the 20th of the month for payroll deduction) to cancel your membership for the following month.

DATE: ____/____/____ PRIMARY MEMBER'S NAME: _____
HOME NUMBER: _____ CELL/WORK NUMBER: _____

TYPE OF MEMBERSHIP: Please choose one.

- Youth (4-17 years)
- Young Adult (18-25 years)
- Adult (26-61 years)
- Senior (62 years & older)
- Senior Couple
- Family

REASON FOR CANCELTATION: Please check all that apply.

Dissatisfied: Please check all that apply.

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Hours | <input type="checkbox"/> Location | <input type="checkbox"/> Price |
| <input type="checkbox"/> Adult Programs | <input type="checkbox"/> Child Watch/Nursery | <input type="checkbox"/> Group Fitness Classes | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Aquacise | <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Health & Wellness Center | <input type="checkbox"/> Open Swim |
| <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Day Camps | <input type="checkbox"/> Sports Camps | <input type="checkbox"/> Hot Tub |
| <input type="checkbox"/> Pool—Family | <input type="checkbox"/> Pool—Lap | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> Cleanliness |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Other (please | | |

explain): _____

Financial: Are you aware of our financial assistance programs?

Medical: Are you aware of our hold policy?

Moving: Would you like us to look up information on the YMCA in the community you're moving to?

Student Leaving Butte for the Summer: Are you aware of our hold policy?

Switching to a Fitness Club: Please check one.

- Fuel Fitness
- SNT
- The Knights of Columbus
- MT Tech
- Other: _____

Working Out of Town: Are you aware of our hold policy? Are you aware of the AWAY program?

Other: Please explain. _____

SIGNATURE: _____ **DATE:** ____/____/____

OFFICE USE ONLY

Date Received: ____/____/____ Date Processed in Daxko: ____/____/____ Staff Initials: _____