



the KEENE FAMILY YMCA

MEMBERSHIP CANCELLATION FORM 30 DAY NOTICE REQUIRED TO PROCESS

BANK DRAFT ANNUAL RENEWAL Type of Membership: FAMILY ADULT YOUTH SENIOR TEEN

Member Name: _____

Address: _____

Phone: _____

I would like to complete an exit survey regarding my Y experience YES NO

The Y is always looking to improve your membership experience and would greatly appreciate if you would share with us the reason for your cancellation:

- Relocation I am moving to _____
- No longer use the facility Please tell us why? _____
- Financially Related
 - Have you applied for financial assistance: Yes No
- Switching to another local facility Why? _____
- Dropping for the Summer or Winter- Why? _____
- Lost motivation
 - How could we help? _____
- Unsatisfied with the facility- Why? _____
- Unsatisfied with the service- Why? _____
- Hours of operation Specify: _____
- Equipment is unavailable Specify: _____
- Dissatisfied with programs Specify: _____
- Pricing
- Feel facility is overcrowded

Can you make suggestions for ways in which the YMCA could improve?

Please cancel my membership to the Keene Family YMCA. I understand that my membership will be cancelled 30 days after the YMCA receives this form, during that time a final payment may be processed from my account. I understand that if I re-join the Y I will be required to pay the join fee.

Member Signature: _____ Date: _____

Office Use Only:

Signature of staff accepting this form: _____

Signature of staff terminating the membership in the system: _____

Date: _____

ONE FORM PER MEMBERSHIP