



MANKATO FAMILY YMCA
 1401 South Riverfront Drive
 Mankato, MN 56001
 (507)387-8255

Staff Use ONLY

FT ID# _____
 Membership Begin Date: _____
 Last Draft Date: _____
 Date to Cancel: _____
 Staff Initials: _____

MEMBERSHIP CANCELLATION REQUEST FORM

(All applicable information must be filled out for this request to be processed)

_____	_____	_____	_____	
Last Name	First Name	Middle Initial	Membership Type	
_____		_____	_____	_____
Mailing Address		City	State	Zip Code
_____	_____	_____	Draft _____	Payroll _____ Full Pay _____
Birthdate	Phone	E-Mail Address	Payment Method	
_____		_____		
Employer (Is this a Corporate membership?)		If Youth Membership, Parent or Guardian Name		

To help us ensure future quality at our YMCA, please answer the following questions:

Which of the following best describes your reason for requesting this cancellation?

- Transfer to another YMCA _____
- Relocating –Where? _____
- Too expensive / financial reasons.
- Not Using
- Purchased own equipment
- Seasonal

Would you be interested in receiving information on our Financial Assistance membership program? YES NO

- Joined another fitness center – Please name other facility _____
- Other – Please tell us why: _____

What was the # 1 reason you joined our YMCA?

What did you DISLIKE about this YMCA membership?

How likely are you to rejoin the YMCA?

Do you have any suggestions to help us improve our facility or programming?

Please rate each of category on a scale of 1-5, with 5 being excellent:

- | | |
|-------------------------------------|-------------------------------|
| _____ Cleanliness of facility | _____ Staff friendliness |
| _____ Information availability | _____ Equipment / maintenance |
| _____ Staff knowledge | _____ Value of membership |
| _____ Quality / variety of programs | _____ Hours of operation |
| _____ Facility security / safety | _____ Overall YMCA operation |

- I understand I(we) must be a member for the duration of any programming and I will be billed for the Non-Member rate of any programs I(we) am(are) registered for.
- I understand that I must cancel my membership in writing **15 days prior to my next payment.** Refunds are not given for failure to give the YMCA timely notice. If I wish to join the YMCA again, and more than 30 days passed since my last active membership, I understand I will be required to pay a new association fee.

Member Signature _____ Date: _____

THE MANKATO FAMILY YMCA TRANSFER LETTER OF GOOD STANDING

This letter is to confirm that _____ has been a member in good standing at the Mankato Family YMCA since _____. Date of last payment _____.

Membership Director: _____ Date: _____