



# Campanelli YMCA Membership Cancellation



Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**I would like to cancel my membership for the following reasons:**

\_\_\_\_\_ Moving (02)

\_\_\_\_\_ Illness (03)

\_\_\_\_\_ Dissatisfied with Facility (04)

\_\_\_\_\_ Joined Another Club (05)

\_\_\_\_\_ Can't Find Time (06)

\_\_\_\_\_ Financial Reasons (07)

\_\_\_\_\_ Dissatisfied with Programs (08)

\_\_\_\_\_ Drop for Summer/Winter (09)

\_\_\_\_\_ Leaving for School (10)

\_\_\_\_\_ Lost Motivation (11)

\_\_\_\_\_ Other (12) / Please Specify Reason: \_\_\_\_\_

**Please help us improve our service by completing this brief survey:**

	Excellent	Good	Average	Fair	Poor
Cleanliness of Facility	5	4	3	2	1
Friendliness of Staff	5	4	3	2	1
Quality of Programs	5	4	3	2	1

Do you feel well informed on all activities available to you at the YMCA? Yes No

Do you feel we helped you reach your fitness goals? Yes No

If no, did you discuss your goals with a staff member? Yes No

Would you recommend the Y to a friend, co-worker, or relative? Yes No

Is there anything we can do to help you remain a satisfied member? \_\_\_\_\_

I am requesting that the Campanelli YMCA discontinue my membership. I understand this form will serve as my 15 day written notice needed to CANCEL my membership draft. I also certify that I have received a copy of this form.

FINAL DRAFT DATE: \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_