



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BOOTHBAY REGION YMCA MEMBERSHIP CANCELLATION NOTICE/ CHANGE IN PAYMENT OR MEMBERSHIP

Any cancellation or changes in your membership requires a 30-day written notice. By completing this document, you are agreeing to the changes indicated below to your membership.

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s): \_\_\_\_\_

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

What edits are you making to your Membership today?

Cancelling  Changing

If you are making changes, what are you changing? (If not applicable, please move to next question)

Monthly Draft Information  Contact Information  Membership Type/Member Names

Please provide the new information here:

If you are cancelling your membership, please indicate the reason for your termination (check one):

Drop for Summer or Winter

Relocation

Finances

Unsatisfactory Facility

Medical Reasons

Unsatisfactory Service

No Longer Using Facility

Other: \_\_\_\_\_

I agree to the changes to my membership as indicated above:

Member Signature

We value your membership to the YMCA and thank you for being a member!

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