



MEMBERSHIP CANCELLATION REQUEST

Cancellation request must be submitted in writing to the Billings Family YMCA by the end of the day on the 28th for 1st of the month bank drafts or by the end of the day on the 12th for 15th of the month bank drafts. No cancellations accepted by phone or fax. Failure to correctly submit request by the correct date will result in that month's EFT being non-refundable.

Today's date: _____

Last Name: _____ First Name: _____ Phone: _____

Second Adult Last Name: _____ First Name: _____

Current Address: _____ City: _____ ST: ____ Zip: _____

Is this name and address under which you are billed for your membership? Yes No

If not, what is that name or address? _____

Cancellation will be effective for the: 1st 15th for the month of _____

Do you have a Plus locker? No Yes-Mens-Locker# _____ Yes-Womens-Locker# _____

Why are you leaving the YMCA? (Please check all that apply)

- Joined another club Name of club? _____
- Financial reasons Do you know we offer assistance? _____ Would you like an application mailed to you? _____
- Classes/Programs Name of class/program? _____
- Hours of operation Hours preferred? _____
- Not using enough Why? _____
- Location Are you joining a club closer to home/work? Work Home
- Other Please explain: _____

Would you like a staff person to contact you regarding your membership cancellation? Yes No

Signature: _____ Date: _____

Options for submitting Cancellation Request:

- (1) Complete, print and bring into the YMCA
- (2) Complete, print and mail to the Billings Family YMCA, ATTN: Member Services, 402 North 32nd Street, Billings, MT 59101
- (3) Complete the form and email it to memberservices@billingsymca.org. Please allow 24 hours for your Cancellation Request to be processed. You will receive a confirmation email from Member Services once your request is processed.

MEMBER SERVICES USE ONLY

Accepted by: _____ Date of draft cancellation: _____ Membership Type: _____
Number of people on membership: _____ Amount: \$ _____ Completed by: _____ Date: _____

MEMBER SERVICES USE ONLY - Membership Cancellation Verification

(This section will be mailed to you for your records)

Mr./Ms. _____, the YMCA received your membership cancellation request and your cancellation will be effective for the ____/____/20__ draft date. The staff person that processed this request was _____. This notice will serve as verification that the Membership Cancellation Request was received in time to stop the monthly EFT. No refunds will be honored without this form, please retain it for your records.