

Franklin County Family YMCA

MEMBERSHIP CHANGE OR CANCELLATION REQUEST FORM

In order to change or cancel membership, this form must be completed by the member and submitted to the Front Desk.

Primary Member's Full Name: _____ **Birth Date:** _____

Type of current membership: Family of 3 Family of 2 Adult Individual Young Adult Youth

Indicate your membership payment method: Annual or Semi-Annual Bank Draft Payroll Deduct

Fill out Section 1 if you want to COMPLETELY CANCEL your membership.

Fill out Section 2 if you want to REMOVE or ADD family members, or make other changes to your membership.

SECTION 1: I want to COMPLETELY CANCEL my membership.

Reason for Cancellation: Please check ALL that apply.

- No Longer Using the Facility Dissatisfaction with program offerings Drop for Summer or Winter Equipment Availability
 Hour of Operation Lost Motivation Medical Reasons Unsatisfactory Facility Unsatisfactory Service Relocation
 Switching to another facility Financial (Would like to receive information on The YMCA's Financial Assistance Program? Yes No)
 Other _____

Would you consider joining the Franklin County Family YMCA again in the future? Yes No (why?) _____

- I understand that there are no refunds of membership dues or joiner fees.
- I understand once my membership has lapsed or been cancelled, I must pay the current joiner fee to re-activate a membership.
- I understand if my payment method is by payroll deduct it will take two to three weeks before cancellation will take effect in payroll deduction.
- I understand that I need to give a 30 day notice to cancel my membership.
- I understand that this form must be turned in directly to the Front Desk to be processed.
- I have read above and I understand and agree to these policies.

Member Signature _____ **Date Submitted to Y Staff** _____

SECTION 2: I want to make CHANGES to my membership as indicated:

- I want to remove the following family members and I understand that if I "downgrade" my membership and want to upgrade it at a later date, I must pay appropriate joiner and membership fees. _____
- I want to add the following family members: (List name (s) and dates of birth) _____
- Add Locker # _____ Delete Locker # _____ (STAFF: Initial here that you have recorded this on Master Lock List _____)
- Change Bank Information – MUST ALSO COMPLETE NEW BANK DRAFT FORM
- I understand if my payment is bank drafted on the 1st of the month, changes must be submitted by the 15th of the PREVIOUS month.
 - I understand if my payment is bank drafted on the 15th of the month, changes must be submitted by the 1st day of that month.
- Please make following change to my record (address, phone #, place of employment, payment method, etc.) _____

Member Signature _____ **Date Submitted to Y Staff** _____

(Staff: You MUST pull their application NOW and have member list all additions and other needed information.)

STAFF MUST complete this section BEFORE member leaves Front Desk if payment method is bank draft.

Debit date is 1st 15th I ADVISED MEMBER that change/cancellation will take effect on _____. If this is a cancellation the final bank draft will be on _____.

Staff Must Complete this BEFORE members leaves Front Desk

- 1) I have pulled the membership application form from the file, if cancelling I have attached the membership to this form. Yes No
- 2) If there were changes to be made on Bank Draft Authorization or Payroll Deduct forms, I have had the member complete a new form and attached it Yes No
- 3) I have made all of the appropriate changes in Daxko Operations. Yes No
- 4) If no payment was made, I will turn his form and the membership application form into the appropriate person or place in the correct area. Yes No
- 5) If a payment for upgrade was made, I have followed routine receipting steps in Daxko. The amounts due for upgrading (difference between previous rate and new rates are):

\$ _____ Joiner Fee Due \$ _____ Membership Fee Due \$ _____ Locker Fee

Staff Name _____ **on (date)** _____