



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Southern Prairie YMCA Membership Cancellation

Date _____ Staff _____

Name _____ Phone # _____

Address _____

Reason for cancellation (Please mark which reason applies)

Don't have/make time

Dissatisfaction with program offerings

Drop for summer/winter

Hours of operation

Monetary reasons

Medical reasons

Relocation

Unsatisfactory facility

Unsatisfactory service

Other _____

Signature _____

Please check the type of cancellation below that applies:

Payroll Deductions through _____ (company name)

Monthly BankDraft _____ (bank name)

For your bank draft to be cancelled WRITTEN NOTICE must be received before the 1st of the month preceding the draft date.

All Membership Cards are to be returned to the YMCA