

**YMCAs of the Wabash Valley, Inc.
Membership Termination Form**

Name: _____ Date of Birth: _____

Best phone number to call: _____

This written notification that I **DO NOT** wish to continue my YMCA membership for the upcoming year at the:

- Clay County YMCA**
- Vigo County YMCA**

The reason for the Termination request is: (Please be specific to help us improve)

As stated in my original paperwork, I understand that **if** I am signing this prior to the end of my membership commitment, ***I am responsible for the remaining balance.***

Please continue to draft my monthly membership until my commitment is fulfilled. My membership expires on _____.

OR

Please process my remaining balance as my final payment today. My remaining balance is \$_____.

OR I have been a member over one year and have completed my membership commitment. My last draft will or has occurred on _____.

I also understand that if I decide to rejoin the YMCA, I have thirty (30) days after my membership expiration date to sign up and avoid the paying the joiner's fee again. By signing this document, I understand that the YMCA has up to thirty (30) days to cancel any automatic charges or withdraws from my credit card or bank account.

Member's Signature

Date

For Office Use Only:

I reviewed this request with the terminating member and discussed any existing balances or outstanding membership commitment with them.

Staff Signature _____ Date: _____

Staff Processing Request: _____ Date: _____