



Carlisle Family YMCA Membership Termination



First
Name:

Middle
Name:

Last
Name:

Please indicate reason for termination:

- | | |
|---|---|
| <input type="checkbox"/> Financial Reasons -Have you heard of our <i>Membership For All</i> Program? | <input type="checkbox"/> Seasonal Use |
| <input type="checkbox"/> Job Loss | <input type="checkbox"/> Switching to Another Facility -Which facility are you going to? _____ |
| <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Unsatisfactory Facility -Please tell us more below |
| <input type="checkbox"/> Military | <input type="checkbox"/> Unsatisfactory Service –Please tell us more below |
| <input type="checkbox"/> Not Using | |
| <input type="checkbox"/> Relocation | |

Please discontinue billing my EFT or Credit Card for my automatic monthly membership payments.

- I understand that the membership fee will be deducted for the current month and that my membership will be good through the last day of the current month.
EFT/Cardholder Initials: _____
- I understand that it is my responsibility to contact the YMCA if my account continues to be drafted after I have terminated my membership and understand that I will be held responsible for any additional charges due to my failure to contact the YMCA.
EFT/Cardholder Initials: _____
- I understand that I am responsible for any charges accrued prior to the termination of my membership.
EFT/Cardholder Initials: _____

E-mail Communication

I expressly provide the Carlisle Family YMCA and its agents and affiliates permission to send me e-mails at the e-mail address I provide below regarding my membership as well as other programs and services provided by the YMCA. I understand that this permission extends until it is expressly revoked by me and therefore may extend beyond the term of my membership.

EFT/Cardholder e-mail address _____ EFT/Cardholder Initials _____

EFT/Cardholder Signature: _____

Print Name: _____ Today's Date: _____

For Office Use Only

Membership Type: _____	Discount Group: _____	Ages: _____
Reviewed By(employee initials): _____	Unit Id # _____	Joined Date: _____

* White—YMCA copy

* Yellow—Member copy; retain for your records