

MEMBERSHIP CANCELLATION

MAIN ACCOUNT HOLDER INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____
STREET, CITY, ZIP CODE

PRIMARY PHONE NUMBER: () _____ - _____ REASON FOR CANCEL: _____

MEMBERSHIP TYPE: TEEN/YOUTH ADULT HOUSEHOLD AOA AOA COUPLE

Do you currently donate to campaign by auto draft? YES NO

Do you want to cancel donation? YES NO

RATE US !

	Excellent	Good	Fair	Poor	N/A	Would you consider rejoining? <input type="checkbox"/> YES <input type="checkbox"/> NO
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you recommend us to friends/family? <input type="checkbox"/> YES <input type="checkbox"/> NO
Facility Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classes Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____ _____ _____
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Programs Offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CORPORATE MEMBERSHIPS

IS YOUR MEMBERSHIP PAYROLL DEDUCTED THROUGH YOUR EMPLOYER? YES NO

IF YES, SELECT THE FOLLOWING EMPLOYERS WE CURRENTLY PARTNER WITH:

AKINS BOARD OF EDUCATION JOHN MANSVILLE

The completion of this form represents my written thirty (30) days notice to terminate my membership at the YMCA of Georgia's Piedmont. I hereby request the YMCA to stop drafting my account for my monthly membership payments. I understand if I am a corporate member, it is my responsibility to follow up with my employer to stop payroll deductions. I understand if I am cancelling less than thirty (30) days before my draft date, the YMCA of Georgia's Piedmont does not guarantee the termination of my next draft.

PRIMARY MEMBER SIGNATURE

DATE MM/DD/YYYY

FOR YMCA USE ONLY

DATE ACCEPTED: _____

MEMBERSHIP TYPE: _____

CORPORATE ACCOUNT? YES NO IF 'YES', WHICH COMPANY:

REQUEST COMPLETED? YES NO

BALANCE COLLECTED FOR AMOUNT OWED YES NO N/A

POP-UP STATING BALANCE HAS BEEN DELETED YES NO N/A

COMMENTS: _____

STAFF: _____

DATE COMPLETED: _____