



# MEMBERSHIP HOLD AND CANCELLATION FORM

MEMBERSHIP INFORMATION					
<b>ADULT</b>	First Name	M.I.	Last Name	Birthdate	Phone Number
	Street Address			Email	

**CHANGE NEEDED (select one)**

**HOLD** (Fees Apply)    
  **MEDICAL HOLD** (Dr. Recommendation Needed)    
  **CANCELLATION**

### MEMBERSHIP HOLD TERMS:

I hereby request my membership to the Grand Traverse Bay YMCA to be placed on hold. I understand the following:

- I must give a 10-day written notice prior to my next billing date for my membership to be placed on hold.
- I must pay the fee of \$10/month for every month I will be placing my membership on hold.
- If placing my membership on medical hold, I must have a signed recommendation document from a physician (no fees apply for a Medical Hold).
- If I pay for membership on an annual basis, my membership will be extended for the same length of time as my requested hold.
- If I register for programming while on hold, I will pay the non-member rate.
- Holds must align with draft dates (1<sup>st</sup> or 15<sup>th</sup>).
- There are no refunds on hold fees.

I understand the above statements:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Requested months for hold (maximum of 4 per calendar year):

- January  
  February  
  March  
  April  
  May  
  June  
  July  
  August  
  September  
  October  
  November  
  December

### MEMBERSHIP CANCELLATION TERMS:

I hereby request my membership to the Grand Traverse Bay YMCA to be cancelled. I understand the following:

- I must give a **10-day written notice prior to my next billing date** for my membership cancellation.
- I may be charged for a subsequent month if request of cancellation is not received within the 10-day period.
- I will have access to the facility until my next billing date.
- There are no refunds on annual memberships unless a life-changing event has occurred.

I understand the above statements.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**EXIT SURVEY**

1. What was your primary reason for joining the Y?
2. What is your primary reason for cancelling your membership?
3. Is there anything we could've done to keep your membership?
4. Would you ever consider rejoining the Y in the future?

Staff Only:

Final Facility Access Date: \_\_\_\_\_ Initials of staff processing form: \_\_\_\_\_ Date processed: \_\_\_\_\_