



Membership **TERMINATION**

ONE WEEK notice before draft date required

Today’s Date: _____

My Draft Date: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Phone Number: _____

So we may improve our service, please check your primary reason for cancellation:

- Moving Another Facility (please specify) Back to College
- Non Use Financial
- Other (please specify) Dissatisfied (please specify)

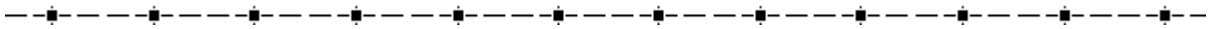
Medical (A physician’s letter will be required to waive joiner fee upon membership renewal.)

Your input is important to us. If you were dissatisfied with your experience at our Y, please share your thoughts below:

*Terminated members will be required to pay a new joiner fee upon rejoining.

If you have any questions, you may contact Laura Ryan, Membership Administrator: lryan@newcanaanyymca.org
203-966-4528, ext. 166

Signature: _____



Front Desk Staff:

Initials: _____ Date: _____