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.

Please direct questions to Laura Ryan, Membership Administrator: lryan@newcanaanymca.org
(203) 920-1629

Signature: _____

Front Desk Staff:

Initials: _____ **Date:** _____