



## New Canaan YMCA Membership **CANCELLATION** or **SUSPENSION** Request

ONE WEEK's notice before draft date required

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

My membership draft date (auto-payment) is on the \_\_\_\_\_ day of each month.

### **Cancellation**

A new joiner fee will be charged upon return.

Reason for cancellation:

Moving  Another Facility (Please specify)  Back to college / boarding school

Non-Use  Financial  Dissatisfied (Please specify)  Other (Please specify)

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

Comment: \_\_\_\_\_

### **Suspension**

Suspension cycle begins on your draft date. A \$25 monthly service fee will be drafted in lieu of your membership fee, and your membership fee will be reactivated automatically after the suspension cycle.

Number of months (five-month limit):

One  Two  Three  Four  Five

\*Please direct questions to Laura Ryan at [lryan@newcanaanymca.org](mailto:lryan@newcanaanymca.org) or 203-920-1629.

Member's Signature: \_\_\_\_\_ FD Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_