

Dear Member:

We hope you have given serious consideration to your decision to cancel your membership with us at the Broome County YMCA. If your cancellation is for financial reasons, we can help! If you would like such help, you need to go no further with this form. Just ask the desk staff for a financial assistance form.

By signing the following, I, _____, understand that I must cancel my membership by the end of the month prior to the month I wish to have my payment stopped.

The reason for my cancellation is: _____

WE NEED YOUR MEMBERSHIP CARD WITH THIS FORM TO PROCESS YOUR CANCELLATION.

Please feel free to contact any staff at the Y at any time if we can be of assistance.

Member Signature Date

FOR OFFICE USE ONLY
Effective Date of Cancellation: _____ Processed By & Date: _____

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MEMBERS RECEIPT OF CANCELLATION

Date Cancellation Form Turned In/Received: _____ In Person In Mail

Membership Card(s) Received: Yes No

Effective Date of Cancellation: _____

Taken/Received by: _____
(Staff Name)