



MEMBERSHIP TERMINATION REQUEST

I. Please print your name and address below.

Date _____

First Name M.I. Last Name

Address & City Zip Code

I hereby request that my membership at the West Seattle Family YMCA be discontinued. I understand that up to two weeks is required to terminate the automatic deduction from my bank account and that all membership cards must be surrendered prior to termination. (Temporary membership cards for the period remaining on the membership are available on request.)

Member Signature Daytime Telephone

II. We have appreciated having you as a member of the YMCA. To help us improve our programs and services, please take a few moments to answer the questions below:

Which of the following best describes your primary reason for discontinuing your membership?

- Change in personal or work schedule (51)
- Personal finances (52) (_____ initial here to receive information on financial assistance)
- Injury or illness (53)
- Dissatisfied with programs or service (54)
- Dissatisfied with the facility (55)
- YMCA schedule does not work for you (56)
- Unhappy with the price (57)
- Moving from the area (58) (Moving to_____)
- Parking (59)
- Other _____

Overall, how would you rate your experience with the West Seattle Family YMCA?

___Excellent ___Good ___Just OK ___Poor ___Terrible

Would you consider re-joining the West Seattle Family YMCA at another time? ___Yes ___No

If we could have done one thing to keep you as a member, what would it have been?

FOR OFFICE USE ONLY (date & initials)

Termination received: by mail _____ in person _____
 Terminated in AS400 _____ cards received _____
 Documented on back of application _____
 Membership Type ___Youth ___Teen ___Adult ___Senior ___Family ___Single Parent Family