



Campanelli YMCA Membership Cancellation

15 DAY
NOTICE
REQUIRED!

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I would like to cancel my membership for the following reasons:

_____ Moving (02) _____ Illness (03)

_____ Dissatisfied with Facility (04) _____ Joined Another Club (05)

_____ Can't Find Time (06) _____ Financial Reasons (07)

_____ Dissatisfied with Programs (08) _____ Drop for Summer/Winter (09)

_____ Leaving for School (10) _____ Lost Motivation (11)

_____ Other (12) / Please Specify Reason: _____

Please help us improve our service by completing this brief survey:

	Excellent	Good	Average	Fair	Poor
Cleanliness of Facility	5	4	3	2	1
Friendliness of Staff	5	4	3	2	1
Quality of Programs	5	4	3	2	1
Do you feel well informed on all activities available to you at the YMCA? Yes No					
Do you feel we helped you reach your fitness goals? Yes No					
If no, did you discuss your goals with a staff member? Yes No					
Would you recommend the Y to a friend, co-worker, or relative? Yes No					
Is there anything we can do to help you remain a satisfied member? _____					

I am requesting that the Campanelli YMCA discontinue my membership. I understand this form will serve as my 15 day written notice needed to CANCEL my membership draft. I also certify that I have received a copy of this form.

FINAL DRAFT DATE: _____

MEMBER SIGNATURE: _____

Staff Initials: _____ Date: _____