



**Southtowns Family Y**  
**Request for Termination of Membership**

I am hereby requesting that the Southtowns Family Y discontinue my membership bank draft. **I understand that my draft will be terminated 30 days from the receipt of this notice** and that once I cancel my membership, I will be required to pay the membership re-entry fee should I choose to reinstate my membership after 30 days of termination.

\_\_\_\_\_ I have enclosed all ID cards issued under this membership and would like you to replace my ID cards with a temporary card good for 30 days after the last draft.

\_\_\_\_\_ **I understand that my account will be drafted one more time if the next payment draft falls within 30 days of completing this request.**

*Please Rate your over all satisfaction with the Y:*

- Completely satisfied       Very satisfied
- Satisfied                       Somewhat Dissatisfied
- Completely Dissatisfied

*Would you recommend the Y to a friend?*

- Definitely                       Probably
- Possibly                         Probably Not
- Definitely Not

*What is your reason for terminating at this time?*

- Financial Burden       No Time
- Illness                       Changed Mind
- Relocation                 Too Crowded
- Dissatisfied                Distance
- Not Using the Facility     Summer Months
- Other \_\_\_\_\_

*How long have you been a member of the Y?*

- Less than one year     1-3 years
- 4-6 years                 7-9 years
- more than 10 years

*Are you aware that the Y offers Financial Assistance?*

- Yes                               No

*Are you leaving the Y to join another health club?*

- Yes                               No

*Would you like a member of management to contact you regarding your comments?*

- Yes                               No

*What type of Y Membership do you currently have?*

- Family     Individual Parent     Married Couple     Senior Couple     Adult     Senior     Young Adult

*Any suggestions or comments that you have that would help make the Y a better place for you and your family?*

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Office Use Only:

|                       |  |
|-----------------------|--|
| MSR Initials          |  |
| Temp. Card Through    |  |
| Last Draft Date       |  |
| Termination Completed |  |