

YMCA of Greater Hartford Membership Cancellation

We truly regret that you have decided to terminate your membership with the YMCA of Greater Hartford. Please take a moment to provide us with some feedback, so that we may make changes to improve our services. **Thank you!**

A. About you: (Please print)		
Your Name:		
First	MI	Last
Town/City:	State:	Zip Code:
Email Address:	Phone	2
B. Please select a top reason for canc	rellation:	
☐ Cost of Membership	Relocating	☐ Not Welcomed/Connected
☐ Financial Reasons	☐ Dissatisfied with Hours	☐ Medical Reasons
☐ Financial Assistance Expired	☐ Dissatisfied with Maintenance	☐ Membership Promotion Ended
☐ Cleanliness of Facility	☐ Seasonal	☐ Health Insurance Changed
☐ Dissatisfied With Programs	☐ Distance	☐ Joined Another Gym
		☐ Dissatisfied with Staff
I understand that it is my responsi	hat I am terminating my/our membership. ibility to verify with my financial institution payroll draft, I understand that I am requ	
Member Signature:		Date:
Staff Name & Initials:		Date:
This form may be submitted by en The administrative processing time		
E. YMCA of Greater Hartford Staff to	Complete this Section	
Member Account Number	Br	ranch
Date of Last Automatic Withdrawal	IM	embership End Date
Date Entered		ember Services Rep