



Termination Notice

I understand I may rejoin within 30 days of the last active day of membership without repayment of the joining fee.

Name: _____

Address: _____

Reason for Termination: _____
(relocating, not using facility, medical problems, financial, etc)

Do you have a locker? Yes No Locker # _____

Member Signature: _____

For YMCA Staff Use:

Date of Termination: _____ Last Draft Date: _____

Membership Active through: _____

Staff Signature: _____