



NORTH CENTRAL FLORIDA YMCA REQUEST FOR TERMINATION OF MEMBERSHIP

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BRANCH LOCATION: (Please circle one) Northwood Lake City Bradford/Union Putnam

MEMBER INFORMATION	Ms.	FIRST NAME	M.I.	LAST NAME	UNIT ID#
	Mrs. Mr.				

To help us ensure future quality at the North Central Florida YMCA, please answer the following questions:

<p>1. Which of the following best describes your reason for leaving the YMCA?</p> <p><input type="checkbox"/> Lost interest <input type="checkbox"/> Not enough time/too busy <input type="checkbox"/> Medical reasons <input type="checkbox"/> Dissatisfied</p> <p><input type="checkbox"/> Transfer to another YMCA: _____ <input type="checkbox"/> Relocating to: _____</p> <p><input type="checkbox"/> Joined another fitness center: _____ <input type="checkbox"/> Other; please specify: _____</p> <p><input type="checkbox"/> Financial reasons Would you be interested in information on financial assistance and reduced membership rates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									
<p>2. What did you <i>LIKE</i> most about your YMCA membership?</p>									
<p>3. What did you <i>DISLIKE</i> about your YMCA membership?</p>									
<p>4. What was the #1 reason you joined the YMCA?</p>									
<p>5. How likely are you to rejoin the YMCA?</p>									
<p>6. Do you have any suggestions to help us improve our facility or programs?</p>									
<p>7. Please rate each category on a scale of 1-5, with 5 being excellent:</p> <table> <tr> <td>____ Cleanliness of Facility</td> <td>____ Staff Friendliness</td> <td>____ Information Availability</td> </tr> <tr> <td>____ Equipment/Maintenance</td> <td>____ Staff Knowledge</td> <td>____ Overall Membership Value</td> </tr> <tr> <td>____ Quality/Variety of Programs</td> <td>____ Hours of Operation</td> <td>____ Facility Security/Safety</td> </tr> </table>	____ Cleanliness of Facility	____ Staff Friendliness	____ Information Availability	____ Equipment/Maintenance	____ Staff Knowledge	____ Overall Membership Value	____ Quality/Variety of Programs	____ Hours of Operation	____ Facility Security/Safety
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND ACKNOWLEDGE AGREEMENT BY INITIALING WHERE INDICATED.

- It is my understanding that it will require up to **15 days** for my draft to be cancelled. Member's Initials _____
- Termination Requests received **between the 1st and 15th of the month** will incur one final draft fee. Member's Initials _____
- Requests received **between the 16th and 30th of the month** will not incur an additional draft fee. Member's Initials _____
- If I stop payment on the final draft, I will be charged a \$25.00 service fee, in addition to the regular draft fee due. Member's Initials _____
- By canceling, or allowing my membership to expire, I realize that my joining fee is non-transferable after 30 days. Member's Initials _____
- The North Central Florida YMCA cannot give refunds. Member's Initials _____

Please note: It can take up to 15 days to stop a draft; your last draft will be processed on _____ / _____ / _____

Member Signature: _____ Date: _____ / _____ / _____

YMCA Staff Signature: _____ Date: _____ / _____ / _____

Thank you for being a member. We hope you return to the YMCA soon!