



AT

**AUSTIN COMMUNITY
RECREATION CENTER**

YMCA Member Termination Processing Form

MEMBER INFORMATION

Name (first, middle, last)		D.O.B. (MM/DD/YYYY)
Street Address		Gender
City	State	Zip Code
Phone (including area code)	Email Address	

REASON FOR TERMINATION (please choose all that apply)

<input type="checkbox"/> Joining Another Gym	<input type="checkbox"/> Financial Reason	<input type="checkbox"/> Purchased Home Equipment	<input type="checkbox"/> Hours/Class Schedule Issue
<input type="checkbox"/> Medical Reason	<input type="checkbox"/> Moving/Relocating	<input type="checkbox"/> Not Using Membership	<input type="checkbox"/> Leaving for the Season
<input type="checkbox"/> I am dissatisfied with the YMCA (to improve, please list your dissatisfaction): _____ _____			
<input type="checkbox"/> What could the YMCA change that would make you reconsider terminating your membership: _____ _____			

MEMBERSHIP TYPE

<input type="checkbox"/> Adult (one person age 26 - 64yrs)	<input type="checkbox"/> Family (one or two adults and dependents who reside in same household)	<input type="checkbox"/> Senior (one person, age 65+)
<input type="checkbox"/> Senior Couple (any couple age 65+)	<input type="checkbox"/> Young Adult (one person age 19 - 25yrs)	<input type="checkbox"/> Youth (one person age 14 - 18yrs)

TERMINATION AGREEMENT

I understand that the YMCA at Austin Community Recreation Center required two full months of membership dues before terminating. I must terminate my membership by the 26th of the month in order to cancel my membership for the next month and stop the automatic debit/credit transfer of funds. My membership fees are non-refundable and I will be charged for the months I was a member even if I didn't use my membership. By choosing to terminate my membership, I will have to pay the joiner fee if I decide to reapply for membership if more than 30 days have passed. Canceling my membership will result in forfeiture of any unapplied insurance reimbursement. I will be responsible for any outstanding balances before I am able to cancel my membership.

Signature: _____ Date: _____

WOULD YOU LIKE US TO CONTACT YOU?

☐ We are sorry to see you go. If you have more questions or would like us to contact you, please check this box if you would like us to contact you.

FOR OFFICE USE ONLY

Staff Initials _____ Today's Date: _____ Date & Year Member Joined: _____ ☐ Copy Given to Terminating Member