



KV YMCA Cancellation Form

| Membership Type | | | | | | | |
|-----------------|--------|------------|--------|---------------|-------------|------|-------|
| Adult | Family | One-Parent | Senior | Senior Couple | Young Adult | Teen | Youth |
| | | | | | | | |

Contact Information

(Please Print Clearly)

Unit # _____

First Name _____ Last Name _____ DOB _____

Address _____

Primary Phone _____ Email _____

Reason(s) for Cancellation

(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Vacation/ Away for the season/College (Circle one) | <input type="checkbox"/> Not Enough Time |
| <input type="checkbox"/> Transferring to another YMCA in _____ | <input type="checkbox"/> Financial Reasons |
| <input type="checkbox"/> Joined another fitness center _____ | <input type="checkbox"/> Lost Interest |
| <input type="checkbox"/> Relocating to _____ | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Medical |

Questionnaire

Please let us know what you liked about KV YMCA and what we can do to improve our facility and programs. (5 + highest and 1 = lowest)

| | | | | | | |
|--|---|---|---|---|---|----|
| <input type="checkbox"/> Cleanliness of the facility | 5 | 4 | 3 | 2 | 1 | NA |
| <input type="checkbox"/> Friendliness of the staff | 5 | 4 | 3 | 2 | 1 | NA |
| <input type="checkbox"/> Competence of the staff | 5 | 4 | 3 | 2 | 1 | NA |
| <input type="checkbox"/> Overall quality of the programs | 5 | 4 | 3 | 2 | 1 | NA |
| <input type="checkbox"/> Convenience of scheduling | 5 | 4 | 3 | 2 | 1 | NA |
| <input type="checkbox"/> Maintenance of equipment | 5 | 4 | 3 | 2 | 1 | NA |
| <input type="checkbox"/> Pools | 5 | 4 | 3 | 2 | 1 | NA |
| <input type="checkbox"/> Locker rooms and showers | 5 | 4 | 3 | 2 | 1 | NA |

What else would you like to tell us: _____

Member Signature: _____

I understand that it takes 15 days to stop a draft and that my membership cannot be cancelled unless it is current.

Office Use Only

| Received Date | Termination Date | Staff Initials | Branch |
|---------------|------------------|----------------|---------|
| | | | AUG MAN |