Barbara Bauer Briggs Family YMCA
1806 N Nimitz St.
Victoria, TX 77901
(361)575-0511

Staff Use ONLY
Member ID#_____
Membership Begin Date:_____
Last Draft Date:_____
Date to Cancel:_____
Membership Director Initials:____
Membership Type:_____

MEMBERSHIP CANCELLATION REQUEST FORM

(All applicable information must be filled out for this request to be processed)

_____ _____
Last Name First Name Middle Initial Date

_____ _____ _____ _____
Mailing Address City State Zip Code

_____ _____ _____ Draft ☐ Invoice ☐ Woolson ☐
Birthdate Phone Number E-Mail Address **Payment Method**

_____ _____
(Is this a Corporate membership?) Employer If Teen Membership, Parent or Guardian Name

To help us ensure future quality at our YMCA, please answer the following questions:

- **Which of the following best describes your reason for requesting this cancellation?**
  - ❒ Transfer to another YMCA _____
  - ❒ Relocating –Where? _____
  - ❒ Joined/ Joining another fitness center – Please name other facility _____
  - ❒ Too expensive / financial reasons. Would you be interested in receiving information on our Financial Assistance membership program? ❒ YES ❒ NO
  - ❒ Not Using
  - ❒ Purchased own equipment
  - ❒ Other – Please tell us why:_____
- **What was the # 1 reason you joined our YMCA?**
- **Did you DISLIKE anything about this YMCA membership?**
- **How likely are you to rejoin the YMCA?**
- **Do you have any suggestions to help us improve our facility or programming?**

Please rate each of category on a scale of 1-5, with 5 being excellent:

___ Cleanliness of facility
___ Information availability
___ Staff knowledge
___ Quality / variety of programs
___Staff friendliness
___ Equipment / maintenance
___ Overall membership value
___ Hours of operation

❒ *I understand I(we) must be a member for the duration of any programming including Childcare and I will be billed for the Non-Member rate of any programs I(we) am(are) registered for.*

❒ *I understand that I must cancel my membership in writing **30 banking business days prior to my next payment**. Refunds are not given for failure to give the YMCA timely notice. If I wish to join the YMCA again, and more than 30 days passed since my last active membership, I understand I will be required to pay a $50 registration fee and pro-rated dues.*

❒ *I understand that I am financially responsible for any balance remaining (if any) on my account from membership or programs.*

Member Signature_____ **Date:**____/____/_____

You may turn this form into the front desk or email it in PDF form to the Membership Director, Jacqueline Garcia at **jgarcia@ymcagoldencrescent.org**. After it is received and reviewed you should receive an email confirming the cancellation and going over billing and facility access details.