



Glens Falls Family YMCA
600 Glen Street, Glens Falls, NY 12801
518-793-3878
Fax 518-793-3887

Membership Cancellation / Hold Form

Name (print): _____ Birthdate: _____
Address: _____ Telephone #: _____
City: _____ State: _____ Zip: _____

To cancel your membership:

Please Share with us why you are choosing to cancel your membership:

Moved/Moving _____ Military _____ Financial _____ Too busy to use _____ Seasonal _____ College _____

Family/Personal Illness _____ Dissatisfied _____ Using other facility _____ Home equipment _____ Temporary _____

Date of final draft: _____ **Date form received:** _____ **Staff initials:** _____
(member initials)

Cancellation Policy: (Please initial each line and sign at the bottom if you accept these terms)

_____ I understand that The Glens Falls Family YMCA requires this form be submitted by the 7th of the month in which I wish to cancel my membership, and that no refunds are provided with this plan.

_____ It is my responsibility to check monthly bank/cc statements to ensure the cancellation has taken effect.

_____ I understand that I will now be withdrawn from any current and future programs and will be required to re-register during non-member registration and at non-member rates.

_____ Should I decide to rejoin 90 days or more after cancelling, I will be required to pay the \$50 Joiner's Fee

Member Signature: _____ **Date:** _____

To put your membership on hold:

I would like to put my membership on hold from _____ 15th to _____ 15th.

My monthly membership dues will begin drafting from my existing account on _____ 15th.

I understand if it is more than 90 days, I will be charged the \$50.00 Joiner's Fee.

Member Signature: _____ **Date:** _____

Office use only:

Date Processed: _____ Staff initials: _____ Date Letter sent: _____ Staff initials: _____