



FOR YOUTH DEVELOPMENT®  
**FOR HEALTHY LIVING**  
 FOR SOCIAL RESPONSIBILITY

# We Will Miss You and Welcome You Back Anytime

**Where will this cancellation be occurring?**

- Caldwell Y
- Downtown Y
- South Meridian Y
- West Y

**Please Fill Out Completely & Legibly**

As stated on membership application: If at any time there is to be a deletion or cancellation of my membership, it is to be submitted in writing to the YMCA branch where my membership was purchased **15 days prior to the first of the following month**. Failure to do so will make the subsequent draft non-refundable. Changes or cancellations cannot be made by telephone, email or online.

Today's Date: \_\_\_\_\_ Cancellation Effective On 1st Day Of: \_\_\_\_\_

First Name	Middle Initial	Last Name	Phone #
Street Address		City	State
Date Of Birth	Gender	Email	

We thank you for being a member of the Treasure Valley Family YMCA. We hope that you've had a positive membership experience. If you decide in the next **30 days to restart your membership**, we will gladly **waive the join fee** (\$30/Individual, \$45/2-Person or \$60/Family).

**Staff Use Only**

Date: \_\_\_\_\_

Did You Review Form With Member?

Yes  No

Would The Member Like Follow-Up From Leadership?

Yes  No

Staff Initials: \_\_\_\_\_

**What is the main reason for discontinuing your membership?**

- Joining Another club/facility
- Health/Medical
- Moving Out Of Town
- Location Not Convenient
- No Longer Using Facility (Check all below that apply)
- No Time
- Lack Of Support
- Did Not Receive Adequate Orientation To Facility
- Other: \_\_\_\_\_
- Financial (too expensive/can't afford)
- Financial (choosing to trim budget)
- Dissatisfaction With Cleanliness
- Dissatisfaction With Equipment
- Dissatisfaction With Program Offerings
- Dissatisfaction With Facility Crowding
- Dissatisfaction With Customer Service

Please tell us what we could have done to retain your membership at the YMCA:

---



---



---



---



---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**At the YMCA no one will ever be turned away for the inability to pay. Please ask about our Financial Assistance program and how you can apply today.**



FOR YOUTH DEVELOPMENT®  
**FOR HEALTHY LIVING**  
FOR SOCIAL RESPONSIBILITY

**We Will  
Miss You  
and Welcome You Back Anytime**

**Front Desk Notes:**

The Y would like to know how to improve. Please explain the conversation you had with the member:

Were there any unresolved issues?:

Front Desk Staff Name (First & Last): \_\_\_\_\_ Date: \_\_\_\_\_

**Back Office Follow-Up Notes:**

Facility Usage Pattern:

Programs Utilized:

What Was Discussed During Follow-Up?:

Back Office Staff Name (First & Last): \_\_\_\_\_ Date Of Follow-Up: \_\_\_\_\_