

YMCA of Greater Hartford Membership Cancellation

We truly regret that you have decided to terminate your membership with the YMCA of Greater Hartford. Please take a moment to provide us with some feedback, so that we may make changes to improve our services. **Thank you!**

A. About you: (Please print)		
Your Name:		Lask
		Last
		Zip Code:
Email Address:	Phone	
3. Please select a top reason for canc	rellation:	
☐ Cost of Membership	Relocating	☐ Not Welcomed/Connected
☐ Financial Reasons	☐ Dissatisfied with Hours	☐ Medical Reasons
☐ Financial Assistance Expired	☐ Dissatisfied with Maintenance	☐ Membership Promotion Ended
☐ Cleanliness of Facility	☐ Seasonal	☐ Health Insurance Changed
☐ Dissatisfied With Programs	☐ Distance	\square Joined Another Gym
		☐ Dissatisfied with Staff
This my complete understanding the	nat I am terminating my/our membership	
	e prior to my/our withdrawal date.	•
	ibility to verify with my financial institution payroll draft, I understand that I am requ	
Member Signature:		Date:
Staff Name & Initials:		Date:
E. YMCA of Greater Hartford Staff to	Complete this Section	
Member Account Number	Bı	ranch
Date of Last Automatic Withdrawal	M	embership End Date
Date Entered	M	ember Services Rep