

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:	Mī	last
First		Last
Town/City:	State:	Zip Code:
Email Address:	Phone	
B. Please select a top reason for canc	ellation:	
Cost of Membership	□ Relocating	□ Not Welcomed/Connected
☐ Financial Reasons	\Box 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	□ Joined Another Gym
		□ Dissatisfied with Staff
C. Comments		
I understand that it is my respons	nat I am terminating my/our membership ibility to verify with my financial institution payroll draft, I understand that I am requ	
Member Signature:		Date:
Staff Name & Initials:		Date:
This form may be submitted by en	nail to friends@ghymca.org	
E. YMCA of Greater Hartford Staff to	Complete this Section	
Member Account Number	B	ranch
Date of Last Automatic Withdrawal	M	embership End Date
Date Entered	M	ember Services Rep