



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CROSSROADS YMCA CANCELLATION/HOLD FORM

Member Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Draft Date:**  1st  15th      **Draft Amount:** \$ \_\_\_\_\_  
**Home Branch:**  Griffith  Hammond  Hobart  Schererville  Southlake  Whiting  Y360  
**Membership Type:**  Youth  Adult  Senior  Young Adult  Family  Senior Couple

### Cancellation

Please read and initial each section below to acknowledge these terms:

I am / am not (circle one) providing 30 days' notice of cancellation as I agreed to do when I applied for membership.  
\_\_\_\_\_ Initial

\*I authorize the final recurring draft on the date as indicated below, to be processed using the current billing method on file.  
\_\_\_\_\_ Initial

\*Date of Final Draft: \_\_\_\_\_

Membership will remain active until: \_\_\_\_\_

### Hold

Please read and initial each section below to acknowledge these terms:

I understand that I am allowed **ONE** hold, up to 3-months, in a 12 month period.  
\_\_\_\_\_ Initial

I understand that my membership will be **REINSTATED AUTOMATICALLY** and the YMCA will **NOT** notify me in advanced of the reinstatement date.  
\_\_\_\_\_ Initial

I understand that there will be **NO** refunds for drafts drawn after the reinstatement date. I will have to cancel my membership 30 days prior to my reinstatement date **IN PERSON** if I choose to cancel my membership.  
\_\_\_\_\_ Initial

Hold Start Date: \_\_\_\_\_ Hold End Date: \_\_\_\_\_

Next Draft Date: \_\_\_\_\_

### Reason

- Monetary Problems (Ask about our Income-Based Scholarship Program)
- Drop for Summer/Winter
- Equipment Availability
- Other: \_\_\_\_\_
- Hours of Operation
- Lost Motivation
- Medical Reasons
- Moving
- Lack of Time
- Unsatisfactory Service
- Transferring to Different Facility (Name: \_\_\_\_\_)
- Unsatisfactory Facility

Member Signature: \_\_\_\_\_

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

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

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

(cut) ----- Survey on the back →

### Receipt of Membership Cancellation/Hold

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Per your request, your membership will be **canceled** effective: \_\_\_\_\_

Per your request, your membership will be put on **hold** from: \_\_\_\_\_ to: \_\_\_\_\_

Draft amount of: \$ \_\_\_\_\_ automatically resumes on: \_\_\_\_\_

**Receipt**  
(Please keep for your records)

Staff Member Name: \_\_\_\_\_



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# CROSSROADS YMCA CANCELLATION SURVEY

Were your expectations met while you were a member at our YMCA?

Yes  No

Did you feel the facility was clean?

Yes  No

Were all of the YMCA staff helpful?

Yes  No

Did our programs meet your needs and expectations?

Yes  No

## Additional Comments

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(cut)

### Receipt of Membership Cancellation/Hold

Please do not dispose of this receipt. If a problem arises with your membership cancellation/hold, this form will be required.

Sorry to see you go! If you cancel and rejoin within 90 days, you will not be required to pay another joiner's fee.