



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CANCELLATION/HOLD FORM

CROSSROADS YMCA INC

Member Name _____ D.O.B. ____/____/____ Phone _____

Address _____ City _____ State _____ Zip _____

Draft Date 1st 15th

Home Branch: Griffith Hammond
 Southlake Whiting

Draft Amount: \$ _____

Membership Type: Youth Young Adult Adult
 Family Senior(65+) Sr. Family

Cancellation

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

_____ I am providing 15 days' notice of
Initial cancellation as I agreed to do when I
applied for membership.

_____ *My membership fees will be drafted
Initial from my bank account in the next cycle if
I did not provide 15 days' notice.

*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,
Initial up to 3-months, in a 12 month period.

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

_____ I understand that there will be **NO**
Initial refunds for drafts drawn after the
reinstatement date. I will have to cancel
my membership 15 days prior to my
reinstatement date **IN PERSON** if I
choose to cancel my membership.

Hold Start Date: _____ Hold End Date: _____

Next draft date: _____

Reason: Monetary Problems (please ask about our income-based scholarship program)

Hours of Operation Drop for Summer/Winter Lost Motivation Lack of time Moving

Unsatisfactory Service Unsatisfactory Facility Equipment Availability Medical Reasons

Transferring to different facility (name) _____ Other _____

By signing below, I acknowledge that the information above is accurate & that I agree to the terms above:

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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CANCELLATION SURVEY CROSSROADS YMCA INC.

- 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:

Receipt of Cancellation/Hold Bank Draft

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

Crossroads YMCA Inc.
201. N. Griffith Blvd., Griffith, IN 46319

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