



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 30 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 30 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 30 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:

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### 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.*