



YMCA of the Northern Sky

MEMBERSHIP CANCELLATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

REASON FOR LEAVING THE YMCA:

- ☐ Hours of Operation
- ☐ Equipment Availability
- ☐ Financial Reasons*
- ☐ Seasonal
- ☐ Medical Reasons
- ☐ Moving
- ☐ Switching to Another Facility

New Facility: _____

Reason: _____

- ☐ Unsatisfactory Program Offerings
- ☐ Unsatisfactory Facility
- ☐ Unsatisfactory Services

Notes:

**We have Financial Assistance available. Ask Staff for details.*

Your last draft date was/will be on: ____/____/____ Your membership will be active through: ____/____/____

Memberships must be canceled by the 25th of the month prior.

What suggestions could you offer to help us improve our facilities or services?

I hereby request that the monthly membership payment which is drawn from my account be ended. With my draft on the 1st of the month, a cancel needs to be completed by the 25th of the month prior. **I also understand that if I allow my membership to lapse for more than 30 days and choose to restart my membership, I may need to pay the enrollment fee.** This will stand as proof of membership cancellation. I will keep a copy for my records, as the YMCA of The Northern Sky cannot give refunds or credits unless I have proof of cancellation.

Member Signature: _____ Date: _____

Staff: _____ Date: _____

Branch Location: _____

Membership Type: _____

YMCA of the Northern Sky

Fercho | 400 1st Ave S | Fargo ND, 58103
Schlossman | 4243 19th Ave S | Fargo ND, 58103
Fergus Falls | 1164 N Friberg Ave | Fergus Falls, MN 56537