



KENOSHA YMCA Membership Cancellation Form

Primary/Billable Member Name: _____ Customer ID Number: _____

My monthly payment date is (leave blank if you don't know): _____

Today's date (date form was submitted): _____ Last draft date: _____

Please read and initial the following statements:

_____ I understand that this cancellation form automatically provides the minimum 14 day notice required to cancel my membership. (If you would like to provide a longer notice than 14 days, please provide the date you'd like your membership to be cancelled : _____)

_____ I understand that my account will be billed one final time, if my payment is scheduled to occur within 14 days of the date of submission.

_____ I understand that if I do have one final payment, my membership will remain open for 30 days after this date, after which time it will be terminated.

_____ I understand that only the billable or primary member may cancel this membership, and I certify that I am the billable member on this account.

_____ I understand that although I am cancelling my membership, I will still be held accountable for any current outstanding balance on my account. This outstanding balance, and any accrued fees, must be paid before I am able to rejoin the Kenosha YMCA in the future.

_____ I understand that I will receive a confirmation email within 7 days to notify me that my membership cancellation has been processed. If I do not receive this email, I will contact Cheryl Hervat, Membership and Program Specialist at 262-654-9622 ext 203. Please send my confirmation to the following email: _____.

Signature: _____

Received by (Staff Name): _____

At the Kenosha YMCA, we are always looking for ways to improve your Y experience. Please answer the questions below. Thank you for your time. 😊

1. What was your reason for joining our YMCA? Check all that apply.

<input type="checkbox"/> To Improve Health	<input type="checkbox"/> Swimming	<input type="checkbox"/> Weights and Machines	<input type="checkbox"/> Programs for Youth
<input type="checkbox"/> Fitness Classes	<input type="checkbox"/> Location	<input type="checkbox"/> Affordable Rates	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Childcare	<input type="checkbox"/> Other, please explain: _____		
2. I was a member for: Less than 1 year 1-3 years 4+ years
3. What type of membership did you have? Single Adult Family Senior Youth
4. How often did you use attend the YMCA?

<input type="checkbox"/> Once a month or less	<input type="checkbox"/> Once a week	<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> 4-7 times per week
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5. As a member, how often did you or anyone in your family enroll in YMCA programs?

<input type="checkbox"/> Every session	<input type="checkbox"/> Every other session	<input type="checkbox"/> Only once	<input type="checkbox"/> Never enrolled
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6. What is the reason you are cancelling your membership? Check all that apply.

<input type="checkbox"/> Moved	<input type="checkbox"/> Changed Jobs	<input type="checkbox"/> Lost Motivation	<input type="checkbox"/> Not Enough Time	<input type="checkbox"/> Lack of Equipment
<input type="checkbox"/> Poor Customer Service	<input type="checkbox"/> Facility Cleanliness	<input type="checkbox"/> Financial (Please ask about our scholarship program)		
<input type="checkbox"/> Other, please explain: _____				

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7. Please rate us!	<u>Staff Members</u>	Excellent	Good	Fair	Poor	N/A
	Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sufficient staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Facilities</u>					
	Overall cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Security and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adequate parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Equipment</u>					
	Well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Appropriate equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sufficient equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>General</u>					
	Program availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Value for the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Information availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you plan to join another fitness club in the area? No Yes, Facility Name: _____

9. Would you considering re-joining at another time? Yes No

10. Would you recommend the Kenosha YMCA to a friend, relative, co-worker? Yes No

11. Please add any additional comments or suggestions on how we can improve the Kenosha YMCA:

If you would like to be contacted to discuss your comments, please enter your information below:

Phone #

Best time to Call:

Email:

We appreciate your business and we look forward to seeing you again!

<u>Office Use Only</u>	
	<u>Initial and Date</u>
Date Received by Front Desk / Mail (circle one) _____	
Cancellation Entered	_____
Confirmation email sent to member	_____
Given to membership	_____
Survey data recorded	_____

