



# 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.

\_\_\_\_\_ 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: \_\_\_\_\_.

\_\_\_\_\_ I understand if I cancel and do not rejoin within 30 days, I lose any applicable Loyalty Program benefits, and will be a Standard Member upon rejoining.

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! **Staff Members**

**Excellent      Good      Fair      Poor      N/A**

Friendliness                                                                                                             

Helpfulness

Sufficient staffing

**Facilities**

Overall cleanliness

Security and safety

Adequate parking

**Equipment**

Well maintained

Appropriate equipment

Sufficient equipment

**General**

Program availability

Value for the money

Information availability

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!**

**Office Use Only**

Initial and Date

Date Received by Front Desk / Mail (circle one) \_\_\_\_\_

Cancellation Entered \_\_\_\_\_

Confirmation email sent to member \_\_\_\_\_

Given to membership \_\_\_\_\_

Survey data recorded \_\_\_\_\_

