



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# AKRON AREA YMCA

## Membership Cancellation Form

### PRIMARY MEMBER

Name	Email	
Address	Phone Number	Date of Birth

### YOUR EXPERIENCE

What was your primary reason for joining the Akron Area YMCA?

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If we could have done one thing to keep you as a member, what would that have been?

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Overall how would you rate your experience with the YMCA?     Excellent    Good     Fair     Poor

Would you consider re-joining the Akron Area YMCA?     Yes     No

### MEMBERSHIP CANCELTION

Which statement below best describes your primary reason for cancelling your membership?

- Cannot Afford/Financial:** Did you know that the Y provides help to those who qualify for financial assistance? Through our Annual Campaign, the Akron Area YMCA provides more than 3,000 families membership and program opportunities to build a healthy spirit, mind and body for all! Visit our web site to learn more about [applying for a scholarship](#).
- Did not have time:** Did you know that your membership can be used at *all* Ohio YMCAs? Maybe a Y near your home, work or school will keep you on track. You can also put your membership on-hold for up to 6 months.
- Dissatisfied ( Equipment,  Facility,  Staff, and  Schedules):** We're listening. Let us know how we can improve. We want to be better when you come back to the Y in the future.
- Health/Medical:** Did you know that we can put your membership on hold for up to 6 months with a physician's note and help you avoid a startup fee when you return?
- Joined another fitness center:** We are sorry to see you go, but happy that you are continuing to work towards a healthy lifestyle. When you want to come back to the Y, we will be here to welcome you.
- Lost motivation:** It happens. Have you taken Wellness 101? It's free and a great way to make sure that you have the tools you need for a successful time at the Y.
- Moving out of area:** Good luck with your new adventure. As YMCAs are everywhere, I can connect you with a facility near you – and, as an added bonus, ask the new location to waive your join fee.

### CANCELTION AGREEMENT

I hereby request that my membership to the Akron Area YMCA be discontinued as indicated above. I understand that I must give at least 15 days of notice prior to my membership draft date in order to make any changes to my automatic withdraw. Failure to do so will make subsequent drafts non-refundable.

- I understand that startup fees will be waived if I renew my membership within 90 days but will apply to renewals after 90 days.
- I understand that my membership termination will not be final until a YMCA employee provides a Final Draft Date and Membership End Date.
- I understand that if I do not submit this form in-person, my termination may not be confirmed and processed and it is my responsibility to confirm its processing.

Signature	Date
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### STAFF USE ONLY

Draft Day of Month  
 1<sup>st</sup>    15<sup>th</sup>

Membership End Date  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Final Draft Date  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Unit ID  
\_\_\_\_\_

Received By	Audited By
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**We're More than a place. We're a cause**

www.akronymca.org

**Mission:** to put Christian Principles into practice through programs that build a healthy spirit mind and body for all



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# AKRON AREA YMCA

## Membership Hold Form

### PRIMARY MEMBER

Name		Email	
Address		Phone Number	Date of Birth

### HOLD TYPE AND LENGTH (Choose only one)

Maximum Hold is 6 Months

<b>Standard Hold</b> Months 1 – 3 free Months 4 – 6 \$8/mo. Paid at time of hold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 Month FREE	2 Months FREE	3 Months FREE	4 Months \$8.00	5 Months \$16.00	6 Months \$24.00
<b>Medical Hold</b> Months 1 – 3 free *Months 4 – 6 Free w/ physician's note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 Month FREE	2 Months FREE	3 Months FREE	4 Months *FREE	5 Months *FREE	6 Months *FREE

### HOLD GUIDELINES

We understand that sometimes you need to take a break and we want you to come back to us when life returns to normal. By putting your membership on hold you can avoid your startup fee when you return. Keep these important guidelines in mind when putting your membership on hold.

- Holds take effect at the beginning of the next draft cycle with 15 days' notice.
- Your membership dues draft will automatically resume on the date indicated.
- Annual invoice members will have their annual renewal date moved back to match the hold duration.
- While on hold, members will not have access to YMCA membership facilities.
- While on hold, program registration fees will be at the non-member rate.

### HOLD AGREEMENT

I hereby request that my membership to the Akron Area YMCA be placed on hold as indicated above. I understand that I must give at least 15 days of notice prior to my membership draft date in order to make any changes to my automatic withdrawal. Failure to do so will make subsequent drafts non-refundable.

- I understand that my automatic dues draft will resume on the date indicated.
- I understand that my membership will not be put on hold until a YMCA employee provides a Hold Start Date and Draft Resume Date.
- I understand that if I do not submit this form in-person, my hold request may not be confirmed and processed and it is my responsibility to confirm its processing.

Signature

Date

### STAFF USE ONLY

Draft Day of Month

1<sup>st</sup>  15<sup>th</sup>

Hold Start Date

\_\_\_/\_\_\_/\_\_\_

Draft Resume Date

\_\_\_/\_\_\_/\_\_\_

Unit ID

\_\_\_\_\_

Received By

Audited By

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