



**TERMINATION OF MEMBERSHIP**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_ Member ID # \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

*Please note: It takes 30 days to stop a draft; your last draft will be on \_\_\_\_/\_\_\_\_/\_\_\_\_*

To help us ensure future quality at the Greater Lowell Family YMCA, please answer the following questions:

**1. Which of the following best describes your reason for leaving the YMCA?**

- \_\_\_\_\_ Transfer to another YMCA \_\_\_\_\_ Dissatisfied
- \_\_\_\_\_ Relocating – where? \_\_\_\_\_ Medical reasons
- \_\_\_\_\_ Not enough time/too busy \_\_\_\_\_ Lost interest
- \_\_\_\_\_ Joined another fitness center: \_\_\_\_\_
- \_\_\_\_\_ Too expensive/financial reasons. Would you be interested in information for financial assistance and reduced membership rates? \_\_\_\_\_ Yes \_\_\_\_\_ No
- \_\_\_\_\_ Other; please specify: \_\_\_\_\_

**2. What did you LIKE most about your YMCA membership?**

**3. What did you DISLIKE about your YMCA membership?**

**4. What was the #1 reason you joined the YMCA?**

**5. How likely are you to rejoin the YMCA?**

**6. Do you have any suggestions to help us improve our facility or programs?**

**7. Please rate each category on a scale of 1-5, with 5 being excellent:**

- \_\_\_\_\_ Cleanliness of facility \_\_\_\_\_ Staff friendliness
- \_\_\_\_\_ Information availability \_\_\_\_\_ Equipment/maintenance
- \_\_\_\_\_ Staff knowledge \_\_\_\_\_ Overall membership value
- \_\_\_\_\_ Quality/variety of programs \_\_\_\_\_ Hours of operation
- \_\_\_\_\_ Facility security/safety \_\_\_\_\_ Other: \_\_\_\_\_

It is my understanding that it will require **30 days** for my draft to be cancelled, and there will be one final draft on my account. If I stop payment on the final draft, I will be charged the service charges incurred by the Greater Lowell Family YMCA. Your copy of this form is proof you have cancelled your draft with the Greater Lowell Family YMCA; please keep a copy for your records. The Greater Lowell Family YMCA cannot give refunds/credits unless you have proof of cancellation. Annual membership cancelations will be calculated on the monthly rate per adult and or child on that membership. **Program/Youth memberships are nonrefundable.** \_\_\_\_\_

Initial

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**GREATER LOWELL FAMILY YMCA TRANSFER LETTER OF GOOD STANDING**

This letter is to confirm that \_\_\_\_\_ has been a member in good standing at the Greater Lowell Family YMCA since \_\_\_\_/\_\_\_\_/\_\_\_\_. Monthly drafts of \$\_\_\_\_\_ have been paid. Date of my last draft was \_\_\_\_/\_\_\_\_/\_\_\_\_. If you have any questions or need any further information, please call (978) 454-7825.