



MEMBERSHIP RESIGNATION

PLEASE PRINT LEGIBLY

NAME _____ BIRTHDATE _____

NAME MEMBERSHIP IS UNDER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ WORK _____

TYPE OF MEMBERSHIP: YOUTH STUDENT ADULT

FAMILY SENIOR SENIOR FAMILY

I CURRENTLY RENT LOCKER # _____ AT \$3 \$5 \$10 PER MONTH

PAY METHOD: MONTHLY BANK DRAFT ANNUAL

SEMI-ANNUAL QUARTERLY PAYROLL DEDUCTION

PAYMENT AMOUNT \$ _____

REASON FOR RESIGNATION _____

I UNDERSTAND THAT THE DATE OF THIS NOTICE CONSTITUTES THE FIRST DAY OF THE REQUIRED 30-DAY NOTICE AND THAT I MUST RETURN ALL MEMBERSHIP CARDS UPON CANCELLATION. (FOR LOCKER RENTERS ONLY) I FURTHER UNDERSTAND THAT THE YMCA IS NOT RESPONSIBLE FOR ANY ITEMS LEFT IN MY LOCKER AFTER THIS CANCELLATION IS FINALIZED.

(FOR BANK DRAFT MEMBERS ONLY) I UNDERSTAND THAT IF ANY OF THE FOREGOING INFORMATION IS INCORRECT, AND I AM DRAFTED AFTER THIS CANCELLATION DUE TO SAID INCORRECTNESS NO REFUND WILL BE MADE.

DATE _____ SIGNATURE _____

For Office Use Only

Cards Received _____ Activity Cards Pulled _____ Info Taken By _____