



Long Branch Area YMCA MEMBERSHIP CANCELLATION

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Primary Member Information (Please Print)

First Name: _____ MI. _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please tell us your reason for canceling

- Financial Do you know assistance is available? _____
- Location Do you know about Nationwide Membership? _____
- Medical/Health Do you know about our Medical Hold options? _____
- Motivation Would a free training session help you/your family? _____
- Hours of operation Hours preferred? _____
- Relocation Moving out of Macon or Shelby County? _____
- Join another facility Which one? _____
- Unsatisfactory Facility/Services Please explain: _____

Comments: _____

Bank Draft Cancellation

I hereby desire to cancel my bank draft authorization with the Long Branch Area YMCA I understand that this will also cancel my membership, unless membership payment is made in the form of cash or a check.

I understand that thirty (30) days written notice is required to cancel or change bank draft information. The Long Branch Area YMCA cannot assure cancellation of any bank draft with less than thirty (30) days notice. The Long Branch Area YMCA is not responsible for any stop payment charges, NSF fees or other bank fees when less than thirty (30) days written notice is given to cancel a bank draft.

Signature: _____ **Date:** _____

**Form must be completed and submitted to the Long Branch Area YMCA
1304 S Missouri St, Macon, MO 63552 Phone: 660-385-1818 Fax: 660-385-5404
Email: ymca@ymcamacon.org Website: www.ymcamacon.org**

For Member Services Use Only

Date Received: _____ Final Draft Date: _____ Staff: _____