



**LAKOTA FAMILY YMCA
MEMBERSHIP CANCELLATION FORM**

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

(MUST BE SUBMITTED BY THE 15TH OF THE MONTH TO AVOID
BEING BILLED FOR NEXT MONTH)

Today's Date: _____ Membership Type: _____ Join Date: _____

Primary Member First Name: _____ Last Name: _____

DOB: _____ Phone: _____ Email: _____

Address: _____

To help Lakota Family YMCA ensure the future quality at the YMCA, please answer the following questions:

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

Reason	Choose as many as needed	Comment if needed
Dissatisfaction with Facility/Programs		
Work Schedule Changed, No longer using facility		
Drop for Summer/Winter		
Equipment Availability		
Going away to School/Job Relocation/Family Relocation		
Hours of Operation		
Medical Reason		
Financial Reason		
Purchased my own equipment/Doing Virtual Workouts		
Switching to another Facility		
Health Program Change		
Lack of Motivation		
Other:		

2. What was your reason for joining or what did you LIKE most about your Lakota YMCA Membership?

3. What did you DISLIKE about your Lakota YMCA Membership?

4. How likely are you to rejoin the Lakota Family YMCA? (0- not at all likely to 5-extremely likely)
0 1 2 3 4 5

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

6. Please rate each category on a scale of 1-5, with 0 being Dissatisfied and 5 being Very Satisfied:

___ Cleanliness of Facility	___ Staff Friendliness	___ Staff knowledge
___ Information Availability	___ Equipment/Maintenance	___ Facility Safety
___ Overall Membership Value	___ Quality/Variety of Programs	___ Hours of Operation

7. May we contact you regarding any of your answers?

By cancelling, or allowing my membership to expire, I could be subjected to a new joining fee after 60 days.

All memberships are subject to a 12-month term. If you did not meet the 12-month term we will be unable to terminate your membership without further conversation. Please contact the Membership Director at 513-779-3917 or HelpCenter@LakotaYMCA.com

Member Signature: _____ Date: _____

Office Use: Membership End Date: _____ Date Email Confirmation Sent: _____

Membership Director: _____ Billing Coordinator: _____