

MEMBER INFORMATION (PLEASE PRINT)

Member Number: _____

Primary Member Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Please list any other persons included on your membership:

Primary Reason for Cancellation:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Cost | <input type="checkbox"/> Lack of Use | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Job Change | <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Childcare Availability |
| <input type="checkbox"/> Insurance Program | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Parking | |

We have enjoyed having you as a member. If you are canceling due to dissatisfaction with YWCA Minneapolis, please include your comments on the back of this form, or contact your site General Manager at: YWCA Minneapolis, 2121 East Lake Street, Minneapolis, MN 55407.

As a Fit Forward donor, I wish to cancel my recurring donation along with my recurring membership fees.

PLEASE READ AND SIGN

I understand that this form must be returned a calendar month in advance. I understand that payment will still be taken from my account and the cancellation will not be in effect until the last business day of the following month. I understand that a cancellation fee equal to the remaining monthly dues of the membership term will be charged if the membership is canceled within the first twelve months of an automatic 12-month self renewing contract. I understand that Joiner's Fees and/or prepaid dues are not refundable. I understand that canceling my membership will result in the forfeiture of any unapplied insurance reimbursement credits.

Account Holder's Signature: _____ Date: _____

If you have any questions regarding the termination of your bank debit authorization, please call Member Services at 612-215-4333.

MEMBERSHIP STAFF USE ONLY

Membership will expire on: _____ / _____ / _____ i.e. cancellation request submitted 10/14/17, will have debit on the fifth (5th) business day in November and will expire on 11/30/17.

Membership cancellation received by:

Staff Signature _____ Staff Name (please print): _____