



# KENOSHA YMCA Membership Cancellation Form

Primary/Billable Member Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

My monthly payment date is *(circle one)*      the 1<sup>st</sup> of each month      the 15<sup>th</sup> of each month

Today's date (date form was submitted): \_\_\_\_\_

**Please read and initial the following statements:**

\_\_\_\_\_ I understand that this cancellation form automatically provides the minimum 14 day notice required to cancel my membership. (If you would like to provide a longer notice than 14 days, please provide the date you'd like your membership to be cancelled: \_\_\_\_\_)

\_\_\_\_\_ I understand that my account will be billed one final time, if my payment is scheduled to occur within 14 days of the date of submission.

\_\_\_\_\_ I understand that if I do have one final payment, my membership will remain open for 30 days after this date, after which time it will be terminated.

\_\_\_\_\_ I understand that only the billable or primary member may cancel this membership, and I certify that I am the billable member on this account.

\_\_\_\_\_ I understand that although I am cancelling my membership, I will still be held accountable for any current outstanding balance on my account. This outstanding balance, and any accrued fees, must be paid before I am able to rejoin the Kenosha YMCA in the future.

\_\_\_\_\_ I understand that I will receive a confirmation email within 7 days to notify me that my membership cancellation has been processed. If I do not receive this email, I will contact Cheryl Hervat, Membership and Program Specialist at 262-654-9622 ext 203. **Please send my confirmation to the following email:** \_\_\_\_\_.

Signature: \_\_\_\_\_

Received by (Staff Name): \_\_\_\_\_

**At the Kenosha YMCA, we are always looking for ways to improve your Y experience. Please answer the questions below. Thank you for your time. 😊**

1. What was your reason for joining our YMCA? Check all that apply.

- To Improve Health     Swimming                       Weights and Machines     Programs for Youth
- Fitness Classes         Location                         Affordable Rates             Personal Training
- Childcare     Other, please explain: \_\_\_\_\_

2. I was a member for:     Less than 1 year     1-3 years     4+ years

3. What type of membership did you have?     Single Adult     Family     Senior     Youth

4. How often did you use attend the YMCA?

- Once a month or less                       Once a week                       2-3 times a week     4-7 times per week

5. As a member, how often did you or anyone in your family enroll in YMCA programs?

- Every session                       Every other session                       Only once                       Never enrolled

6. What is the reason you are cancelling your membership? Check all that apply.

- Moved/Changed Jobs                       Lost Motivation                       Not Enough Time                       Lack of Equipment
- Poor Customer Service                       Facility Cleanliness     Financial (Please ask about our scholarship program)
- Other, please explain: \_\_\_\_\_

*continued on back*

<b>7. Please rate us!</b>	<b><u>Staff Members</u></b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
	Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sufficient staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b><u>Facilities</u></b>					
	Overall cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Security and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adequate parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b><u>Equipment</u></b>					
	Well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Appropriate equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sufficient equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b><u>General</u></b>					
	Program availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Value for the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Information availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you plan to join another fitness club in the area?  No  Yes, Facility Name: \_\_\_\_\_

9. Would you considering re-joining at another time?  Yes  No

10. Would you recommend the Kenosha YMCA to a friend, relative, co-worker?  Yes  No

11. Please add any additional comments or suggestions on how we can improve the Kenosha YMCA:

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If you would like to be contacted to discuss your comments, please enter your information below:

Phone #

Best time to Call:

Email:

*We appreciate your business and we look forward to seeing you again!*

**Office Use Only**

Initial and Date

Date Received by Front Desk / Mail (circle one) \_\_\_\_\_  
Cancellation Entered \_\_\_\_\_  
Confirmation email sent to member \_\_\_\_\_  
Given to membership \_\_\_\_\_  
Survey data recorded \_\_\_\_\_

