

MEMBERSHIP HOLD AND CANCELLATION FORM

MEMBER INFORMATION								
ADULT	Legal First Name	M.I.	Legal Last Name	⊞ B	Birthdate	Gender	Nickname	♣ Primary Phone #
♠ Street Addres	SS	City		State		Zip	⊠ Email	
CHANGE NEEDED (Select one)								
■ HOLD (fees apply) ■ MEDICAL HOLD (Dr. recommendation needed) ■ CANCEL								
MEMBERSHIP HOLD PROVISION: I hereby request my membership to the Grand Traverse Bay YMCA to be placed on hold. I understand the following: I must give a 15 day written notice for my membership to properly be placed on hold. I must pay the fee of \$20/month for every month I will be placing my membership on hold. I may only place my membership on hold once in a twelve month period and no longer than four months. If I am placing my membership on a Medical Hold I must have a signed recommendation document from a physician. (There is no fee associated with a Medical Hold.) Payment is due at the time this form is submitted. There are no refunds on hold fees. Holds take effect based on your draft date (either the 1st or the 15th). Annual memberships will simply be extended for the same amount of months your membership was put on hold.								
Print Name: Signature:								
MEMBERSHIP CANCELLATION: I hereby request my membership to the Grand Traverse Bay YMCA to be cancelled. I understand the following: I must give a 30-day written notice for my membership cancellation. I will be drafted one more time for my membership. For the next 30 days, I still have access to the facility. There are no refunds for this subsequent draft or the joiner fee. There are no refunds on Annual Memberships unless a life-changing event has occurred.								
Print Name:							Date:	
Signature:								
				EXIT	SURV	Ε Y		
1. WHAT WAS YOUR PRIMARY REASON FOR JOINING THE Y?								
2. WHAT IS YOUR PRIMARY REASON FOR CANCELLING YOUR MEMBERSHIP?								
3. IS THERE ANYTHING WE COULD'VE DONE TO KEEP YOUR MEMBERSHIP?								

4. WOULD YOU EVER CONSIDER JOINING THE Y AGAIN IN THE FUTURE?