



# 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

- |   |   |
|---|---|
| <input type="checkbox"/> Financial                        | Do you know assistance is available? _____                |
| <input type="checkbox"/> Location                         | Do you know about Nationwide Membership? _____            |
| <input type="checkbox"/> Medical/Health                   | Do you know about our Medical Hold options? _____         |
| <input type="checkbox"/> Motivation                       | Would a free training session help you/your family? _____ |
| <input type="checkbox"/> Hours of operation               | Hours preferred? _____                                    |
| <input type="checkbox"/> Relocation                       | Moving out of Macon or Shelby County? _____               |
| <input type="checkbox"/> Join another facility            | Which one? _____  |
| <input type="checkbox"/> 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](mailto:ymca@ymcamacon.org) Website: [www.ymcamacon.org](http://www.ymcamacon.org)**

***For Member Services Use Only***

Date Received: \_\_\_\_\_ Final Draft Date: \_\_\_\_\_ Staff: \_\_\_\_\_