



**MANKATO FAMILY YMCA**  
 1401 South Riverfront Drive  
 Mankato, MN 56001  
 (507)387-8255  
 www.mankatoymca.org

**Staff Use ONLY**

FT ID# \_\_\_\_\_  
 Membership Begin Date: \_\_\_\_\_  
 Last Draft Date: \_\_\_\_\_  
 Date to Cancel: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_  
 Copies:  Admin  Marketing  Membership  Member

**MEMBERSHIP CANCELLATION REQUEST FORM**

(All applicable information must be filled out for this request to be processed)

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	Membership Type	Date
_____		_____	_____	_____
Mailing Address		City	State	Zip Code
_____	_____	_____	Draft ____ Payroll ____ Full Pay ____	_____
Birthdate	Phone	E-Mail Address	<b>Payment Method</b>	

\_\_\_\_\_  
 (Is this a Corporate membership?) Employer

\_\_\_\_\_  
 If Youth Membership, Parent or Guardian Name

**To help us ensure future quality at our YMCA, please answer the following questions:**

- **Which of the following best describes your reason for requesting this cancellation?**
  - Transfer to another YMCA \_\_\_\_\_  Not Using
  - Relocating –Where? \_\_\_\_\_  Purchased own equipment
  - Joined another fitness center – Please name other facility \_\_\_\_\_
  - Too expensive / financial reasons. Would you be interested in receiving information on our Financial Assistance membership program?  YES  NO
  - Other – Please tell us why: \_\_\_\_\_
- **What was the # 1 reason you joined our YMCA?**
- **What did you DISLIKE about this YMCA membership?**
- **How likely are you to rejoin the YMCA?**
- **Do you have any suggestions to help us improve our facility or programming?**

**Please rate each of category on a scale of 1-5, with 5 being excellent:**

- |                                   |                              |
|-----------------------------------|------------------------------|
| ___ Cleanliness of facility       | ___ Staff friendliness       |
| ___ Information availability      | ___ Equipment / maintenance  |
| ___ Staff knowledge               | ___ Overall membership value |
| ___ Quality / variety of programs | ___ Hours of operation       |
| ___ Facility security / safety    |                              |

- I understand I(we) must be a member for the duration of any programming and I will be billed for the Non-Member rate of any programs I(we) am(are) registered for.
- I understand that I must cancel my membership in writing **30 days prior to my next payment**. Refunds are not given for failure to give the YMCA timely notice. If I wish to join the YMCA again, and more than 30 days passed since my last active membership, I understand I will be required to pay a new association fee.

**Member Signature** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**THE MANKATO FAMILY YMCA TRANSFER LETTER OF GOOD STANDING**

This letter is to confirm that \_\_\_\_\_ has been a member in good standing at the Mankato Family YMCA since \_\_\_\_/\_\_\_\_/\_\_\_\_. Date of last payment \_\_\_\_/\_\_\_\_/\_\_\_\_.

If you have any questions, please call us at 507-387-8255.