

WATERTOWN FAMILY YMCA
REQUEST FOR MEMBERSHIP TERMINATION

Members Name: _____

Member ID Number: (will be completed by staff) _____

Current Type of Membership: (Check One)

- Child Youth Young Adult Adult Senior Senior Couple
 Family Single Parent Family Family Couple

Membership Payment Plan: (Check One)

- Automatic Bank Draft Payment Annual 4-Pay Plan Scholarship

Reason for Termination: Moving
 Joining other gym
 Not using
 Other _____

I understand the Watertown Family YMCA offers a Gateway Scholarship Program funded in part by the United Way of Northern New York. This scholarship program is based on both income levels and/or special circumstances. _____

BANK DRAFT TERMINATION

I understand that upon receipt of this notice it takes **30 days** to terminate my bank draft. I understand my membership will remain valid until the last day of the month of my last draft.

My last draft date will be: _____

VERIFICATION

Signature of Member

Date of Request

Staff Signature