



# Membership Cancellation Form

**YMCA of Lethbridge**

#140, 74 Mauretania RD W  
Lethbridge, AB T1J 5L4  
403-942-5757  
lethbridgeymca.ca

**OFFICE USE ONLY**

If membership payment method is PAD withdrawal provide finance with copy \_\_\_\_\_

UID: \_\_\_\_\_ Primary Name: \_\_\_\_\_

Date Processed in CORE: \_\_\_/\_\_\_/\_\_\_ Initials of Staff \_\_\_\_\_

Payment method (Circle one)                      Stripe                      PAD withdrawal

Date removed from PAD withdrawal \_\_\_/\_\_\_/\_\_\_ Initials of Staff \_\_\_\_\_

In accordance with the Membership Agreement Waiver, regardless of how a membership is paid for, written notice must be given to the Cor Van Raay Lethbridge YMCA by the **20<sup>th</sup>** of the month prior to your monthly scheduled payment date.

Date: \_\_\_/\_\_\_/\_\_\_                      Primary Members Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_                      Email: \_\_\_\_\_

Type of Membership: *Please choose one.*

- Child (2-12)     Teen (13-17)     Young Adult (18-25)     Student (26-64)     Senior
- Adult General (26-64)     Adult Plus (18+)     Teen (13-17)     Family     Family Plus

Reason for Cancellation: *Please check all that apply.*

- Financial: *Are you aware of our financial assistance programs?*
- Medical: *Are you aware of our hold policy?*
- Moving: *Would you like us to help get information on the YMCA in your new community?*
- Vacation/Going Home for Summer?: *Are you aware of our hold policy?*
- Cannot Find Time?: *Are you aware of the additional program benefits of your membership?*
- Other: *Please explain.* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_