



Ashland Family YMCA Membership Cancellation

Type of Membership: Family Senior Adult Teen Youth

Member Name: _____ **DOB:** _____

Effective Date: _____ (1st of the month following cancellation notice)

Reason: _____

I understand that this notice terminates my membership and applies to every member on this account. I understand that I am still responsible for any past debts and membership dues leading up to the 1st of the month following this notice and that they will be collected immediately upon receipt of this cancellation form. I acknowledge that a join fee may be assessed should I choose to rejoin in the future.

Signature: _____ **Date:** _____

Office Use Only

Date Processed: _____ Initials: _____ Date Audited: _____ Initials: _____

Notes: _____ Billing Deleted: _____ Balance: _____