



**YMCA OF SOUTHERN NEVADA  
MEMBERSHIP DRAFT CANCELLATION**

<b>Date</b>		<b>Street Address</b>	
<b>Branch</b>		<b>City</b>	
<b>Last Name</b>		<b>State</b>	<b>Zip Code</b>
<b>First Name</b>		<b>Email</b>	
<b>Last Four Digit of Account Used for Drafting</b>		<b>Phone No.</b>	

**Reason for Cancellation (select one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Dissatisfaction with program offerings | <input type="checkbox"/> No longer close to home/work  |
| <input type="checkbox"/> Drop for summer or winter              | <input type="checkbox"/> No longer using facility      |
| <input type="checkbox"/> Equipment availability                 | <input type="checkbox"/> Relocation                    |
| <input type="checkbox"/> Hours of operation                     | <input type="checkbox"/> Switching to another facility |
| <input type="checkbox"/> Lost motivation                        | <input type="checkbox"/> Unsatisfactory facility       |
| <input type="checkbox"/> Medical reason                         | <input type="checkbox"/> Unsatisfactory service        |
| <input type="checkbox"/> Monetary problem                       | <input type="checkbox"/> Other _____                   |

**Agreements:**

1. I understand that I have to submit this form or a written cancellation request to the YMCA of Southern Nevada at least seven (7) days prior to the next draft date to cancel my membership.
1. I agree to pay a new joining fee when I rejoin 30 days after my membership termination date.
2. I understand that there are no refunds on drafts made before the cancellation request is received nor on drafts that occurred within the 7-day period after the cancellation request is received.
3. I understand that prepaid memberships are non-refundable and that all membership payments are subject to the refund policy of the YMCA of Southern Nevada.
4. I understand that I am responsible to pay for ANY unpaid fees in my account regardless of use, attendance, completion or perceived success before I can rejoin or register in any programs.

**By submitting this form electronically, I am bound and agree to the above conditions.**

Email completed form to your branch using the email address below:

- |                    |  |
|--------------------|--|
| Heinrich Branch:   | <a href="mailto:clewis@lasvegasymca.org">clewis@lasvegasymca.org</a>           |
| Durango Branch:    | <a href="mailto:ledmond@lasvegasymca.org">ledmond@lasvegasymca.org</a>         |
| Centennial Branch: | <a href="mailto:jbrumbaugh@lasvegasymca.org">jbrumbaugh@lasvegasymca.org</a>   |
| SkyView Branch:    | <a href="mailto:bcasabianca@lasvegasymca.org">bcasabianca@lasvegasymca.org</a> |