



**YMCA OF SOUTHERN NEVADA
MEMBERSHIP DRAFT CANCELLATION**

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

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.

Account Holder Name: _____ **Account Holder Signature:** _____

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: jjimenez@lasvegasyymca.org
- Durango Branch: ledmond@lasvegasyymca.org
- Centennial Branch: jbrumbaugh@lasvegasyymca.org
- SkyView Branch: clewis@lasvegasyymca.org

For Staff Use: Membership ID No. _____ Processed by: _____ Date: _____

Action: _____