



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Westport Weston Family YMCA - Membership Cancellation or Hold Request Form

Member Information

Primary Member Name: _____ Date: _____

Phone #: _____ Email: _____

Membership Cancellation (Please Complete if Cancelling Membership Account)

Cancellation Request Date: _____

Reason for Cancellation: ___ Financial Difficulties ___ Medical ___ Switching Facilities

___ Time Constraints ___ No Program Participation ___ Home Gym Equipment ___ Other

___ Dissatisfaction (Please Explain Below)

Member Signature: _____ Date: _____

Membership Hold (Please Complete of Placing Membership Account on Hold)

Hold Request Start Date: _____ Hold Request End Date: _____

Please Check Hold Request Months

___ Jan ___ Feb ___ March ___ April ___ May ___ June ___ July ___ Aug ___ Sept

___ Oct ___ Nov ___ Dec

Membership Account Hold Agreement:

I understand that I may place my membership account on hold for up to 3 calendar months per year. By placing my membership account on hold, I agree to pay a nominal fee of **\$20 per month** throughout the duration of my hold. Upon completion of the account hold, my automatic monthly draft and regular membership fees will resume.

Member Signature: _____ Date: _____

Office Use Only

Unit #: _____ Staff Completing Form: _____

Membership Account has been: ___ Cancelled ___ Placed on Hold