



Cumberland Cape Atlantic YMCA

Cancellation/ Hold Form

LAST REVISED DECEMBER 2020

File #

Directions: Please legibly complete the below form and submit it to the YMCA either in person with Member Services or via email to msadmin@ccaymca.org. Once your request has been processed you will receive a confirmation email. If you have further questions contact (856) 691-0030 ext 140. Please note, this form must be filled out by the Primary Member listed on the account.

Member Name: _____ Member ID: _____
Mailing Address: _____ Email: _____
Phone #: _____ Draft Date: 10th 21st Monthly Draft Amount: \$ _____
Membership Type: Youth Teen Young Adult Adult Senior Adult Single Parent Family Family

I'D LIKE TO TEMPORARILY HOLD MY MEMBERSHIP (MEDICAL PURPOSES ONLY) Note is Attached
Member must attach a note from the doctor that explains why and for how long they are unable to use the facility or participate in classes. Memberships can only be placed on hold for a maximum of **3 months**. Holds without a medical note will be subject to our 30 day written notice policy. All other holds require an approval from the Member Services Director

SPECIAL CIRCUMSTANCES: We understand these are challenging times with COVID-19 and whether it be for financial or medical reasons, we are permitting members to place their membership on a temporary 30 day hold, which means your draft payment along with facility benefits would freeze for one month and then resume unless further action is taken.

YES, PLEASE PUT MY FACILITY MEMBERSHIP ON HOLD FOR 30 DAYS. I understand this means my draft will resume automatically after the hold period is completed.

Please briefly tell us why you are not ready to start your membership: _____

I'D LIKE TO CANCEL MY MEMBERSHIP (Primary Member Initial Here: _____)
As stated in our membership handbook and your signed bank draft form, we require 30 days written notice to cancel any facility membership. If you are submitting this form within 30 days from your next scheduled draft you will be charged one more time and the account will be active for one month after the draft date. For example, if payment was drafted on the 10th, the membership will be active until the 9th of the following month.

Please **CHECK** your reason(s) for canceling your membership (**CHECK ALL THAT APPLY**).

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Financial Hardship
___ Recent Loss of Income
___ Temporary Increase in Other Expenses
___ Can't afford it anymore | <input type="checkbox"/> Medical / Health
___ COVID related (do not want to wear a mask, high risk, etc...)
___ Recent Injury/Surgery
___ Other _____ | <input type="checkbox"/> Customer Service / Unsatisfied
___ Problems with Staff / Policies
___ Lack of Equipment, Classes, or Programs
___ Facility is not clean or safe |
| <input type="checkbox"/> No Longer Meets My Needs
___ Relocated
___ Lost Motivation
___ Scheduling Conflicts
___ Other _____ | <input type="checkbox"/> Switching to Another Facility
Which facility? _____
Why did you choose that facility? _____ | <input type="checkbox"/> Other (Please share)

_____ |

As agreed when I joined the Cumberland Cape Atlantic YMCA, I am giving 30 days written notice to terminate my membership. I understand I have 60 days from my termination date to reinstate my membership without having to pay a new joining fee and be subject to regular rate or I must provide a new referral to receive the reduced rate.

Primary Member Signature: _____ **Date:** _____

-OFFICE USE ONLY- Date received: _____ Member Service Staff Initial: _____ Note added to Daxko
FOR ALL HOLDS Date Hold will begin: _____ Date Hold will End: _____
FOR CANCELATIONS Last Draft Date: _____ Termination Date: _____
MS ADMIN- Termination has been processed on: _____ RRRMP (MGAM) Notes have been updated on: _____