



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Riverbrook Regional YMCA – Wilton Branch
Membership Cancellation or Hold Request Form**

Member name: _____ Email: _____ Date: _____
(Please print)

Please email completed form to: membership@riverbrookymca.org
or drop at the Front Desk.

This cancellation or hold is not confirmed until you receive an email confirmation.

Membership Cancellation – 10 day notice prior to draft date required. If notice is not received 10 days prior, the membership will end at the end of the following month.

Cancellation Date: _____

Cancellation Reason (Please check one):

- | | | |
|--|---|---|
| Deceased <input type="checkbox"/> | Hours of operation <input type="checkbox"/> | No time to use <input type="checkbox"/> |
| Dissatisfaction with facility <input type="checkbox"/> | Lost motivation <input type="checkbox"/> | Relocation <input type="checkbox"/> |
| Dissatisfaction with programs <input type="checkbox"/> | Medical <input type="checkbox"/> | Renovation <input type="checkbox"/> |
| Drop summer/winter <input type="checkbox"/> | Monetary problems <input type="checkbox"/> | Switching facility <input type="checkbox"/> |
| Other: _____ | | |

Member Signature: _____

Membership Hold – 2 week notice prior to draft date required – Holds can be up to 1-3 months annually. Hold will begin on the membership draft date.

- | | | | |
|--------------------------------|--------------------------------|-------------------------------|------------------------------|
| Jan <input type="checkbox"/> | April <input type="checkbox"/> | Jul <input type="checkbox"/> | Oct <input type="checkbox"/> |
| Feb <input type="checkbox"/> | May <input type="checkbox"/> | Aug <input type="checkbox"/> | Nov <input type="checkbox"/> |
| March <input type="checkbox"/> | June <input type="checkbox"/> | Sept <input type="checkbox"/> | Dec <input type="checkbox"/> |

Hold reason (please check one):

- | | | | |
|------------------------------------|---------------------------------------|-----------------------------------|--------------|
| Financial <input type="checkbox"/> | School <input type="checkbox"/> | Vacation <input type="checkbox"/> | Other: _____ |
| Medical <input type="checkbox"/> | Seasonal use <input type="checkbox"/> | Work <input type="checkbox"/> | |

I would like to have access to the Y Wellness 24/7 virtual platform for a donation of \$10 a month, via my credit card: Yes!

Upon completion of the requested hold dates, my automatic monthly draft and regular membership fees will resume.

Member Signature: _____

Office use only:

Staff Signature: _____ Date: _____

Membership has been: Canceled: Placed on hold:

Member has been emailed: Yes No