



Membership Cancellation Request

Please email form to membership@riverbrookymca.org or hand in to the front desk. Request is not complete until you receive an email confirmation.

Member Name: _____ (please print)

Email: _____ **Date:** _____

Members must submit request 10 days prior to the end of the month. If notice is not received 10 days prior, the membership will terminate at the end of the following month.

Please Select Cancellation Reason:

Cost

Medical

Relocation

Dissatisfaction with Facility

Monetary Problems

Value

Dissatisfaction with Programs

Switching Facility

Hours of Operation

No Time to Use

Time Offerings Don't Work

Program Offerings-Not Interested

Other/Comments: _____

I understand that I am subject to paying a joiner fee if I rejoin at a later date.

Member Signature: _____

Thank you for having been a member of our Y!

**It has been our pleasure serving you and
we sincerely hope to see you back in the future.**

Our Y is better with you in it!

Office Use Only:

Terminated:

Emailed: