



Membership Cancellation Request

The approval of this request is subject to the current cancellation policy of the YMCA of Kingston

Centre: Wright Crescent Y West

Please list all members to be cancelled:

Name	Participant Number

Please list all members remaining:

Name	Participant Number

Membership Sales Staff:
Date Received: _____
Staff Initials: _____
If applicable: Locker #: _____
Last pre-authorized payment date: _____
***Member's Confirmation: _____

Name of Person Paying for the Membership: _____

Reason for Request

<input type="checkbox"/> Moving	<input type="checkbox"/> Joined another facility	<input type="checkbox"/> Student returning home
<input type="checkbox"/> Medical reasons	<input type="checkbox"/> Financial	<input type="checkbox"/> Not using the membership
<input type="checkbox"/> Problem with facility: (please specify)		

IF MEMBERSHIP WAS PAID IN FULL: (one payment) any unused portion of your membership fee, may be: (choose one)

Donate unused portion to the Y
 Credit on Account
 Refund (Payer please confirm address)

_____ Donation receipt requested for income tax purposes
**Refunds will be provided within 2 weeks*

PLEASE NOTE:

1. Course privileges cease with cancellation of membership.
2. All donations receive a charitable donation receipt if requested.
3. Activation fee will be waived if rejoining within 6 Months.
4. *****Continuous memberships are not refundable.** Cancellation must be made prior to the **first of the month** in order for that month's payment to be cancelled, as per membership agreement.

I understand that the approval of this request is subject to the current cancellation policy of the YMCA of Kingston.

Signature: _____

Date: _____