



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP CANCELLATION FORM

The Johnson County Family YMCA can only accept **Written Membership Cancellations**. Email or phone requests will be directed to complete and return this form.

We can *mail* or *email* this form at your request. Memberships cannot be cancelled until we receive the completed form. The completed form will be kept in the Member Services Office.

Email Address operations@jcfymca.org

Mailing Address 101 Klondike Drive
Buffalo, WY 82834

Member Name _____ Phone # _____

Mailing Address _____

Membership Type _____ Locker # _____
If applicable

Draft Date 1st 20th _____ <- If Draft Date is not 1st or 20th

Reason for Cancellation

- Financial Reasons (Scholarships Available)
- Please mail me a Scholarship Packet
- Medical Reasons
- Moving
- No Longer Using
- Seasonal Use
- Complaint Related (Please List Below)

If you do not see your reason to the right, please write your reason in the Comments section.

Comments _____

To cancel my membership without being charged, I understand that I must complete and return this form to the Johnson County Family YMCA **at least three (3) business days** in advance of my next draft date. **ID Card(s) should be returned when cancelling membership.**

Member Signature _____ Date _____

ID Card(s) Returned? Yes No

Front Desk Signature _____