



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

**Membership Cancellation
Exit Survey**

Name _____ Home Phone _____

Address _____ City/State/Zip _____

What was the reason for not renewing your membership?

Please check all that apply

- I moved
- Hours of operation
- I lost motivation, did not have time
- I could no longer afford the membership fees
- Medical issues
- Staff members were not helpful
- Particular equipment is not available.

Please specify _____

I am going to a different fitness club or family recreation center.

If so, which one _____

Please list any problems or concerns that you have with the YMCA-

MEMBERSHIP: _____ Bank Draft _____ Payroll Deduct

Member Signature _____

Staff Signature _____

Date _____