



STAFF USE ONLY

Member Unit#: _____

Staff Signature: _____

KANDIYOHI COUNTY AREA FAMILY YMCA MEMBERSHIP TERMINATION

When completing this form please PRINT NEATLY

Member Name: _____ Set Termination Date: _____

Do you have a rented locker? If yet, please list **LOCKER #**: _____

****Contents of lockers must be removed prior to cancellation date**

CURRENT MEMBERSHIP TYPE

CHECK ONE	MEMBERSHIP TYPE	MEMBERSHIP COST
<input type="checkbox"/>	Multi-Adult Household	\$84/month
<input type="checkbox"/>	One-Adult Household	\$70/month
<input type="checkbox"/>	Adult	\$60/month
<input type="checkbox"/>	Young Adult (19-25)	\$35/month
<input type="checkbox"/>	Youth (0-18)	\$26/month
<input type="checkbox"/>	Senior (65+)	\$46/month
<input type="checkbox"/>	Senior Couple (Both 65+)	\$73/month
<input type="checkbox"/>	Ridgewater College Student	\$60/semester \$120/Academic Year \$180/Full Year

CANCELLATION OF MEMBERSHIP

(please check the reason that applies):

- | | |
|--|--|
| <input type="checkbox"/> Drop for the Season | <input type="checkbox"/> Switching Facilities |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Do not use membership |
| <input type="checkbox"/> Monetary | <input type="checkbox"/> Unsatisfied with facility |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Unsatisfied with service |

CANCELLATION POLICY:

Please complete this form to cancel your membership.

- I acknowledge that my membership will end the 1st of next month and will still be paying dues of the current month. I acknowledge that I will not get partial refund for the current month
- The cancellation form must be completed and turned in before the cancellation can be made.

By signing I understand that I am terminating my membership effective the first day of the following month

Signature: _____ Today's Date: _____