



Membership **CANCELLATION** or **SUSPENSION** Request

due at least one week prior to draft date

Name _____ Date of Birth _____

Phone number _____ Email address _____

Cancellation ☐

A new joiner fee will be charged upon return.

Reason:

____ Dissatisfaction ____ Equipment Availability ____ Hours of Operation ____ Monetary Problems

____ No Longer Using Facility ____ Relocation ____ Switching to Another Facility

____ Medical (Physician's note required to waive joiner fee upon return)

Does this membership include kit locker rental(s)? ☐ YES ☐ NO

Comment _____

Suspension ☐

Suspension cycle begins on the 1st of the month. A \$25 monthly service fee will be drafted in lieu of your membership fee, and your membership fee will be reactivated automatically after the suspension cycle.

Reason:

____ Vacation ____ Work

Months to suspend – Consecutive four-month limit:

____ Jan ____ Feb ____ Mar ____ Apr ____ May ____ Jun

____ Jul ____ Aug ____ Sep ____ Oct ____ Nov ____ Dec

Member's Signature _____ Date _____ Staff Initials _____

Complete and submit this form by hard copy to the Front Desk or as a PDF document to Laura Ryan at lryan@newcanaanymca.org.