



## 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 begins on the 1<sup>st</sup> 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. **If there is a locker connected to this membership and you wish to keep it during suspension, please check here . The \$15 locker fee will be drafted along with the \$25 suspension fee. If you choose not to keep your locker during suspension, you are required to empty its contents before the suspension period.**

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@newcanaanyymca.org.