



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL LINCOLN COUNTY YMCA

Any cancellation or changes to your membership requires a 30-day written notice prior to your scheduled draft date. By completing this document, you are agreeing to the changes indicated below to your membership.

Date: _____ Phone: _____

Primary Name: _____

Address: _____

City _____ Email: _____

What edits are you making to your Membership today?

Cancelling Hold *Change*

If you are placing your membership on hold (2-6 months) please list the dates. Each month requires a \$5.00 hold fee in place of your monthly membership dues.

If you are changing your membership, please let us know in the space below. Changes include credit card information, type of membership, address changes, etc.

Dates you are requesting to put your membership on hold: (2-6 months max)

If you are canceling your membership, please indicate the reason for your termination (check one):

Drop for Summer or Winter

Relocation

Finances

Unsatisfactory Facility

Medical Reasons

Unsatisfactory Service

No Longer Using Facility

Other:

I agree to the changes to my membership as indicated above:

Member Signature (*typing your name serves as your signature)

We value your membership to the YMCA and thank you for being a member!