



## Greater Waterbury YMCA Membership Termination Form

Member name: \_\_\_\_\_ ID #: \_\_\_\_\_

Membership type: \_\_\_\_\_ Contract expires: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for termination:                      **Moving**                      **Attach Membership Card here:**

**Medical**

**Lack of use**

**Financial**

**Other:** \_\_\_\_\_

**Comments about the Greater Waterbury YMCA:**

---

---

---

- I understand there is a 30-day processing period for terminations. (Initial here): \_\_\_\_\_
- I understand that I will be drafted once more if my termination was submitted before the 14<sup>th</sup> of the month or submitted after the 15<sup>th</sup>. (Initial here): \_\_\_\_\_

**For payroll deduction memberships (State of CT, City of Waterbury, Waterbury & St. Mary's Hospital):**

- I understand that the Greater Waterbury YMCA is not responsible for any bank or payroll department error. (Initial here): \_\_\_\_\_
- I agree to contact my payroll department in order to guarantee that payroll deduction for my membership fees is discontinued. (Initial here): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

136 West Main Street, Waterbury, CT 06762 phone: 203.754.9622 fax: 203.754.9095  
www.waterburymca.org

**(We are sorry to see you go, but we hope you rejoin again!)**