



## Greater Waterbury YMCA Membership Termination Form

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

Membership type: \_\_\_\_\_ Language Preference: \_\_\_\_\_

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

Reason for termination:  Moving Attach Membership Card here:

Medical

Lack of use

Financial

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

Comments about the Greater Waterbury YMCA:

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- 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 14th of the month. **(Initial here):** \_\_\_\_\_

\*\*A staff from the membership team will send you a confirmation email ONLY. That will let you know about your final deduction and when the membership terminates.

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