



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 14th of the month. (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!)