



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SANTA MONICA FAMILY YMCA

Membership Freeze OR Cancellation Request

Membership Draft Date: 10th 15th 25th 27th

Name of Primary Member: _____ Membership ID#: _____

Additional Members on Account: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Mobile: _____ Email: _____

Type of Membership: _____ Do you have a permanent locker? (circle one) NO Yes, locker # _____

CHANGE REQUESTED

Membership Freeze – 1, 2, or 3 months only

Membership Freeze Fees are \$15 per month.
Adult, Senior & Family Memberships only.

Membership Cancellation

Please note: After 30 days, join fees will be applied
to any renewed memberships

I hereby request that my membership at the Santa Monica Family YMCA be cancelled or be placed on a membership freeze as indicated above. I understand that I must give 10 days notice prior to my membership draft date in order to make any changes to my automatic withdrawal.

Member Signature: _____ Date: _____

MEMBERSHIP FREEZE PROVISION *(please read and sign)*

As an accommodation to our members, the Y has made provisions for membership to be placed on a Freeze status. Please review and sign below.

- Adult, Senior and Family Memberships may request a membership freeze one time every 12 months for a minimum of one (1) month and a maximum of three (3) months taken consecutively.
- Requests for a Membership Freeze must be received 10 days prior to draft date.
- Membership Freeze Fees are \$15 per month.
- Membership dues automatically return to the original draft amount once the freeze period is over.
- Members may only place membership units on freeze and not individual members within the unit.
- Lockers are not subject to the freeze policy. You will be required to continue locker payments during your membership freeze.

Signature: _____ Date: _____

Reason for membership freeze:

of months: (select one)

1 2 3

Date Freeze Begins:

Date Membership Resumes:

MEMBERSHIP CANCELLATION *(please complete)*

What is your primary reason for cancellation? (Please check one of the following)

- | | |
|---|---|
| <input type="checkbox"/> Moving/Relocation | <input type="checkbox"/> Transfer to another gym facility or YMCA: Which one? _____ |
| <input type="checkbox"/> Travel/Vacation | <input type="checkbox"/> Dissatisfied (please list reason): _____ |
| <input type="checkbox"/> Not Using/Lack Of Time | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Medical/Health Reasons | <input type="checkbox"/> Financial Reasons |

Do you know about our Financial Assistance Program? Yes No

Overall how would you rate your experience with the Y? Excellent Good Fair Poor

Are you planning on rejoining the Santa Monica Family YMCA? No Yes if "yes", when? _____

Member Services Use Only

Received by: _____ Date: _____
Comments: _____

Administration Office Use Only

Audited by: _____ Date: _____ Comments: _____
Last draft date: _____ Reactivation date: _____