

**YMCA Southcoast Association Offices  
18 South Water Street  
New Bedford, MA 02740  
Fax: 508.984.4631**

**Termination of Membership on E.F.T. Plan**

I, \_\_\_\_\_ wish to cancel \_\_\_\_\_,  
who's (date of birth is) \_\_\_ / \_\_\_ / \_\_\_\_, electronic funds payment membership at YMCA Southcoast.  
I understand that it will take **30 days** from my draft date to cancel my membership. I will be given a  
temporary membership card for the remainder of my membership.

I further understand that if I wish to rejoin as a member again, I will be considered a new member and I  
must pay the new member fee over again.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**What is your reason for termination? Check any or all that apply:**

- |                                                                 |                                                       |
|-----------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Relocation                             | <input type="checkbox"/> New Staff Member             |
| <input type="checkbox"/> Does not use facilities                | <input type="checkbox"/> Transferring to another YMCA |
| <input type="checkbox"/> Drop for summer/winter                 | <input type="checkbox"/> Corporate Discount           |
| <input type="checkbox"/> Financial Burden                       | <input type="checkbox"/> Medical Reasons              |
| <input type="checkbox"/> Draft Return                           | <input type="checkbox"/> Military                     |
| <input type="checkbox"/> Other, please specify, _____           |                                                       |
| <input type="checkbox"/> Unsatisfactory service, please explain |                                                       |

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Unsatisfactory facility, please explain

**Can you make any suggestions for how we can improve the YMCA?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Office Use Only – (Always Fill Out)**

Unit # _____ Last Draft Date: _____ Temp. Card Exp: _____ Staff _____
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