



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA MEMBERSHIP CANCELLATION FORM

The Johnson County Family YMCA can only accept **Written Membership Cancellations**. Email or phone requests will be directed to complete and return this form.

We can *mail* or *email* this form at your request. Memberships cannot be cancelled until we receive the completed form. The completed form will be kept in the Member Services Office.

ID Card(s) should be returned when cancelling membership.

Email Address: helpdesk@jcfymca.org
Mailing Address: Johnson County Family YMCA
101 Klondike Drive
Buffalo, WY 82834

Member Name _____ Phone # _____

Mailing Address _____

Membership Type _____ Locker # _____
If applicable

Draft Date 1st/month 20th/month

Reason for Cancellation

- Convenience
- Financial Reasons (Scholarships are available)
- Illness/Disability
- Moving
- Seasonal Use
- Complaint Related (Please List Below)

Comments _____

To cancel my membership without being charged for another month, I understand that I must complete and return this form to the Johnson County Family YMCA **at least three (3) business days** in advance of my draft date.

Member Signature _____ Date _____

ID Card(s) Returned? Yes No

Staff Signature _____