

Membership/Program Withdrawal Request

In order to withdraw from a program and receive a refund or YMCA credit on your account, this form must be completed and returned prior to the start of the session. Requests received after the session starts will need a medical documentation for a refund or credit. Refunds and credits will first be applied to any outstanding balance owed to the YMCA. YMCA credit will appear on your account and may be used by you or immediate family members. Please allow 7 days for credits and 4-6 weeks to receive your refund. Credit must be used within one calendar year.

Requestor Name:		Payer Name:		
Mailing Address:City:	State:	7in	Dhone #	
		Zıр	r none #	
Membership Withdrawal Policy				
A full refund will be issued in the first (Joining fee is non-refundable). For refundable to terminate Program Withdrawal Policy		•		-
 More than 7 days before session s Cancel 7 days or less before session After session starts: no credit give Credit/refunds will not be give if port Credits/refunds are not approved to 	on starts: 50% credit n without medical docun articipant moves, has lac	k of interest or la	ack of use	request form
Membership:				
Name of Participant:			Birth Date:	
Membership Type:				ch receipt):
Requested amount:	Date paid: _		Cancel membersh	nip? yesno
Program:				
Name of Participant:			Birth Date:	
Session: Cla	ass Name:		Day(s) & Time:	
How would you like to receive y	our credit:Cre	dit on YMCA aco	count (valid for 1 year)	Refund
Note: Payments made via credit on Friday mornings.	card will automaticall	y be refunded to	o the original credit card.	Checks will be mailed
Refunds and credits will be appl refund is approved, they will be ca	•	participation. R	efunds and credits will no	
Signature			 Date	
For Office Use Only				
Director Approval Date	te G/	′L		Amount
Comments				-
Finance Director Date	e	Ex	ecutive Director	Date