

**MEMBER EXIT SURVEY
MEMBERSHIP
CANCELLATION**



Office Use: Unit #: _____ Staff: _____
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Member Name _____ Member# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

How often did you use the facilities?

Once a month Once a week 2-3 times a week

What was the reason for joining our YMCA? Please, check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> To get into shape | <input type="checkbox"/> Use of the pool |
| <input type="checkbox"/> Use of fitness center | <input type="checkbox"/> Fitness Programs |
| <input type="checkbox"/> Affordable rates | <input type="checkbox"/> Children Programs |
| <input type="checkbox"/> Social | <input type="checkbox"/> Use of Walking Track |
| <input type="checkbox"/> Use of gym | <input type="checkbox"/> Promotional sale or discounted rate |

What is the reason for canceling your membership?

Please, check all that apply: **Other comments:**

Facility is too Crowded	<input type="checkbox"/>	
Facility is not Clean	<input type="checkbox"/>	
Hours of Operation	<input type="checkbox"/>	
Lost Motivation	<input type="checkbox"/>	
Medical Reasons	<input type="checkbox"/>	
Monetary Problems	<input type="checkbox"/>	
No Longer Using Facility	<input type="checkbox"/>	
Programs/Classes not Started on Time	<input type="checkbox"/>	
Quality of Instruction was Poor	<input type="checkbox"/>	
Relocation / Moving	<input type="checkbox"/>	
Staff Members were not Helpful	<input type="checkbox"/>	
Switching to Another Facility	<input type="checkbox"/>	
Unsatisfactory Service	<input type="checkbox"/>	

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

Signature

Date

Please note: All Cancellations must be made by the last day of the month to stop the bank draft or credit card draft for the next month.