## **MEMBERSHIP CANCELLATION**

ADDRESS:							
STRET, CITY, ZIP CODE         RIMARY PHONE NUMBER: { }	DDRESS:						DATE:
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IEAMBERSHIP TYPE:       TEEN/YOUTH       ADULT       HOUSEHOLD       AOA       AOA COUPLE         Io you currently donate to campaign by auto draft?       YES       NO         ATE US !				STREET,			NGE
bo you currently donate to campaign by auto draft? YES NO   bo you want to cancel donation? YES NO     ATE US I     Customer Service       Facility Cleanliness     Classes Offered     Cargona Soffered     Comments:     Equipment     Programs Offered     CORPORATE MEMBERSHIPS     CYOUR MEMBERSHIP DAYROLL DEDUCTED THROUGH YOUR EMPLOYER?     YES, SELECT THE FOLLOWING EMPLOYERS WE CURRENTLY PARTNER WITH:     AKINS        Programs Offered     ORPORATE MEMBERSHIPS                             VOUR MEMBERSHIP DAYROLL DEDUCTED THROUGH YOUR EMPLOYER? <th colspan="4"></th> <th colspan="2">_</th> <th></th>					_		
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ATE US !       Excellent       Good       Fair       Poor       N/A       _YES<_NO		-					
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Classes Offered Comments: Equipment Classes Offered Comments: Equipment Comments: Programs Offered Comments: YOUR MEMBERSHIP PAYROLL DEDUCTED THROUGH YOUR EMPLOYER? YES NO YES, SELECT THE FOLLOWING EMPLOYERS WE CURRENTLY PARTNER WITH: AKINS BOARD OF EDUCATION JOHN MANSVILLE e completion of this form represents my written thirty (30) days notice to terminate my membership at the YMCA of Georgia's Piedmont. I hereby re ACA to stop drafting my account for my monthly membership payments. I understand if I am a corporate member, it is my responsibility to follow up upployer to stop payroll deductions. I understand if I am cancelling less than thirty (30) days before my draft date, the YMCA of Georgia's Piedmont d arantee the termination of my next draft. PRIMARY MEMBER SIGNATURE DATE MM/DD/YYYY DATE ACCEPTED: CORPORATE ACCOUNT? YES NO IF 'YES', WHICH COMPANY: REQUEST COMPLETED? YES NO BALANCE COLLECTED FOR AMOUNT OWED YES NO N/A		_					Would you recommend us to friends/family
Classes Offered							
Programs Offered	Classes Offered						Comments:
ORPORATE MEMBERSHIPS         SYOUR MEMBERSHIP PAYROLL DEDUCTED THROUGH YOUR EMPLOYER?       YES       NO         YES, SELECT THE FOLLOWING EMPLOYERS WE CURRENTLY PARTNER WITH:       DATK       JOHN MANSVILLE         AKINS       BOARD OF EDUCATION       JOHN MANSVILLE         he completion of this form represents my written thirty (30) days notice to terminate my membership at the YMCA of Georgia's Piedmont. I hereby ro         MCA to stop drafting my account for my monthly membership payments. I understand if I am a corporate member, it is my responsibility to follow up         mployer to stop payroll deductions. I understand if I am cancelling less than thirty (30) days before my draft date, the YMCA of Georgia's Piedmont d         uarantee the termination of my next draft.         PRIMARY MEMBER SIGNATURE         DATE ACCEPTED:         MEMBERSHIP TYPE:         CORPORATE ACCOUNT?       YES         YES       NO         IF 'YES', WHICH COMPANY:         REQUEST COMPLETED?       YES         REQUEST COMPLETED?       YES         BALANCE COLLECTED FOR AMOUNT OWED       YES       NO	Equipment						
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