Last:_____ First Initial: _____ Member #: _____

# MEMBERSHIP CANCELLATION / CHANGE FORM 2026

**NAME**: _____ **DOB**: _____ **PHONE**: _____

**MAILING ADDRESS**: _____

**CITY**: _____ **STATE**: _____ **ZIP**: _____

**EMAIL**: _____

☐ **CANCELLATION ACKNOWLEDGMENT** – Cancel my membership effective _____/_____/_____.

*Failure to cancel membership before 1st of the month will make any subsequent draft non-refundable.*

***Reason for Cancellation:*** _____

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☐ **MEMBERSHIP TYPE CHANGE**

☐ Youth (0-18).....$32.40 ☐ **Company Name**_____ ☐ **Check ID**_____

☐ Adult (19-34).....$49.68 ☐ Corporate Young Adult (19-34)...$39.74 ☐ Corporate Youth…….. $25.92

☐ Adult (35+).....$87.48 ☐ Corporate Adult (35+).....$69.98 ☐ Scholarship Request

☐ Family.....$131.76 ☐ Corporate Family..... $105.84 ☐ Child Watch…….. $30/month

*** Changes to Members on Account: (added members are required to sign the facility waiver on back)**

□Add □Delete Name: _____ Male/Female DOB: _____ Age: _____

□Add □Delete Name: _____ Male/Female DOB: _____ Age: _____

□Add □Delete Name: _____ Male/Female DOB: _____ Age: _____

***Payment Authorization & Mandatory Risk Waiver***

*I authorize my financial institution to honor drafts drawn by the Wood River Community YMCA on my account. Drafts from my account will be taken out between the 1st and 15th of each month. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any YMCA fees or fees not covered by the bank. The YMCA has the right to redraft any account that had non-sufficient funds. If at any time there is to be any changes or cancellation of my membership, it is to be submitted in writing to the YMCA 10 days prior to the day the draft is to be charged to my account. Failure to do so will make the subsequent draft non-refundable. Changes or cancellations of memberships cannot be made by telephone. The YMCA will notify me, in advance, of any increase in my monthly membership draft amount. The Wood River Community YMCA provides many recreational and other activities to the public. YMCA participants understand that these activities do involve inherent risks which are beyond the control of the Wood River Community YMCA and their Staff, volunteers, and members. We, the undersigned, do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and or to members of my family, or for loss or damages to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. I have read and understand this agreement and release of liability and do voluntarily agree to sign. I also understand that I can be denied access to the YMCA if my account is not current. I understand that to enter the YMCA on each visit I will need to provide the proper Identification. I also give the YMCA permission to utilize pictures of me and/or my family in the YMCA marketing, promotions, and print media.*

**SCANNED BY**
**Staff Initials:**

_____

☐ **PAYMENT AUTHORIZATION -** I authorize monthly draft from checking, savings or credit card/debit card.

**Signature:** _____ **Date:** _____