



DUBUQUE YMCA/YWCA MEMBERSHIP CANCELLATION FORM

This form must be completed and submitted at least 15 days BEFORE the next payment draft.

Please print your information:

First Name: _____ Last Name: _____

Email: _____ Date: ____/____/____

Phone: _____

Reason for membership cancellation: _____

Member signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Clerk: _____ Date: ____/____/____

Membership Type: _____

Daxko ID#: _____