



Greater Morristown YMCA
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Credit Card Termination Form For the Monthly Payment Plan

Membership # _____

Membership Type: _____

Name: _____

Home #: _____

Cell #: _____

Street: _____

City: _____

Zip: _____

Reason for termination: _____

As per my MPP Contract, this is my 30 day notice to cancel my membership.

Member Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Changes in membership type should be done in person at the front desk.