

Association Membership Resignation Form

Please complete this form to formally resign your membership. Once completed, print this form, sign it, and submit it to the association administration office.

1. Member Information

Full Name:

Member ID / Number:

Email Address:

Phone Number:

Mailing Address:

2. Resignation Details

Effective Date of Resignation:

Reason for Resignation (Optional):

How can the association improve?

3. Acknowledgment and Signature

By signing below, I acknowledge that I am voluntarily resigning my membership from the association. I understand that any membership benefits will cease as of the effective date, and any outstanding dues must be settled.

Member Signature:

Date Signed:

For Office Use Only

Received By (Name):

Date Received:

Action Taken / Status: