

Political Party Resignation Form

Use this form to formally resign your membership from a political party. Please fill out the details below, print the form, and submit it to your local party branch, national office, or registrar.

1. Member Information

Full Name:

Membership Identification Number:

Street Address:

City, State, Zip Code:

Email Address:

Telephone Number:

2. Political Party Information

Name of Political Party:

Local Branch or Constituency Name:

3. Resignation Details

Effective Date of Resignation:

Reason for Resignation (Optional):

4. Declaration and Signature

By signing below, I confirm my decision to resign from the aforementioned political party. I request that my name, contact details, and active status be removed from the party membership register, effective immediately or on the date specified above.

Printed Name of Member:

Physical Signature:

Date of Signature: