

Professional Body Resignation Form

Please complete this form to formally resign from your membership. Once completed, please print, sign, and submit this form to the administration office via email or post.

1. Member Information

Full Name:	<input type="text"/>
Membership Number:	<input type="text"/>
Current Grade/Designation:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

2. Resignation Details

Effective Date of Resignation:	<input type="text" value="DD/MM/YYYY"/>
Primary Reason for Resignation:	<input type="text" value="e.g., Retirement, Career Change, Relocation"/>
Additional Feedback (Optional):	<input type="text"/>

3. Declaration & Signature

I hereby tender my resignation from the professional body. I understand that upon the effective date, I will forfeit all rights, privileges, and professional designations associated with this membership. I also confirm that I have no outstanding membership dues.

Member Signature:	<input type="text" value="Sign here after printing"/>
Date of Signature:	<input type="text" value="DD/MM/YYYY"/>

For Office Use Only

Received By (Staff Name):	<input type="text"/>
Date Received:	<input type="text"/>
Status (Approved/Pending):	<input type="text"/>