



Membership Resignation Form

Full Name

Membership Number

Address

Street

City

Province

Postal code

Telephone

Please complete and return this form to the attention of the Registrar at the Institute as soon as possible so that your request may be presented to the Membership Committee at its next meeting, and the Board thereafter.

1. INTENT TO RESIGN

- I wish to resign
- membership certificate enclosed
- membership certificate already forwarded to the Institute
- membership certificate destroyed or location unknown (please complete Section 2 below)

2. ACKNOWLEDGEMENT, DECLARATION, AND UNDERTAKING

In the Matter of my request to The Institute of Chartered Accountants of Newfoundland and Labrador to resign from membership

I Acknowledge that, pursuant to Bylaw 305(2), my membership certificate is the property of the Institute;

I Declare that my membership certificate has been destroyed or that its location is unknown to me;

I Undertake that if my membership certificate is ever recovered, I will forward it forthwith to The Institute of Chartered Accountants of Newfoundland and Labrador.



If you have returned your membership certificate to us it will be kept for a period of five years, after which, if you have not been readmitted to membership, it will be destroyed. The Institute is not responsible for certificates that are damaged in shipping.

X _____

Please indicate in the space below the reason for your resignation request.

Signature

Date