

## MEMBERSHIP CANCELLATION

Variable symbol: \_\_\_\_\_

Surname: _____	Address: _____	
Name: _____	City: _____	Postcode: _____
Telephone: _____		

I hereby request that my membership be cancelled due to\*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

specifically as of the date:    /    / \_\_\_\_\_

In \_\_\_\_\_, dated    /    / \_\_\_\_\_

\_\_\_\_\_  
Signature of the requester

\_\_\_\_\_  
Signature  
(on behalf of Form Factory)

\*provision of a reason is voluntary