

Request for Resignation

Member Name:	
Role:	
Justification:	
(use reverse if necessary)	
Submitted by:Signature:	Date:
For Medicine Hat Ringette	Association Executive Only
Received by:	Date:
Is submission valid:	Date:
Submitter netified	
Submitter notified:	Date:
Below is applicable only is Submission is valid	
Decision:	Date:
,	if necessary)
(use reverse i	Date: