



St. Albert Ringette Association

REQUEST FOR RESIGNATION

Member Name: _____

Role: _____

Justification:

(use reverse if necessary)

Submitted By: _____

Signature: _____

Date: _____

FOR ST. ALBERT RINGETTE ASSOCIATION EXECUTIVE USE ONLY

Received By: _____

Date: _____

Reference Number: _____

Is Submission Valid? _____

Date: _____

Submitter Notified? _____

Date: _____

Below is applicable only if the Submission is valid

Decision:

Date: _____

(use reverse if necessary)

Submitter Notified?

Date: