



Zone 5 AA Ringette Club

## **REQUEST FOR RESIGNATION**

**Member Name:** \_\_\_\_\_

**Club Position (elected, selected  
or appointed):** \_\_\_\_\_

**Justification:**

(use reverse if necessary)

**Submitted By:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR ZONE 5 AA 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:**