

Member Resignation Form



Please Fax completed Form to LeTip International at 480-264-4644

(Please Print Legibly)

Date: _____

Chapter Name: _____

Member Name: _____

Member resigned on: due to: _____

President's Name: _____

President's Signature: _____

Internal Office Use Only

Routing:

___ Membership Administrator

___ Production Coordinator

___ Regional Director