

MEMBERSHIP CANCELLATION

Member's ID: _____

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 Slovakia s.r.o.)

*provision of a reason is voluntary