



Resignation

Name:

CFMEU Membership Number: Trade:

Address:
.....

Mobile Number:

Please return this completed form to:

CFMEU - ACT Branch

Po Box 498

Dickson ACT 2602

actqueries@cfmeu.org

I hereby resign from the CFMEU for the following reasons:

Please tick one:

Unemployment

Injury (Date of Injury)

Retirement

Permanently out of trade

Sickness

Going overseas

Financial difficulty

Other

Is there any other information you would like to give us about your resignation:

.....
.....
.....
.....
.....
.....
.....

Signature:

Date: