

**APPLICATION FOR WITHDRAWAL
FROM PLURAL MEMBERSHIP**

I hereby petition for withdrawal from:

Parent membership
Plural membership

In your Council, and attach hereto my receipt card showing dues paid to the ____day of _____, 20_____.

This card is to be cancelled upon granting my petition.

My Parent membership is in:

_____, Council No. _____, Located at: _____

My Plural membership is in:

_____, Council No. _____, Located at: _____

Applicants Name: _____

Address: _____

_____ City State ZIP