NOTICE OF RESIGNATION 退会届

Me	embership No. 会員番号:						
Nc	me of Main Applicant 正会員氏名(ローマラ	字):					
Nc	me of Company 会社名:						
*	Requested Date of Resignation 退会希望日	l:		MM	/	YYYY	
*	Reason of the Resignation 退会理由:						
	Family members who are resigning with (Regardless of whether membership c 今回正会員と同時に退会する 家族会員 (ローマ字でご記入下さい)	ard is issued	d or no		家族会」	員を含みます)	
	Name 姓名 (ローマ字))		Relatio	nship	(続柄)	
	L Signature of Main Applicant / 正会員署名			Date / :	提出日		
					/	/	
				DD	M		
	*If the form is submitted by fax or E-mail, pleas signature by post together with membership Fax/Email で提出される場合は、正会員署名のあ	card(s).					
		or office us	or office use only				
<mailing address=""> 宛名と住所 THE JAPANESE ASSOCIATION, SINGAPORE 120 ADAM ROAD SINGAPORE 289899</mailing>		Data Rece	eived:		Data H	Handled By:	
<	FRONT OFFICE> 代表電話:6468-0066 フロントデスク:65918136/37						

Email Address: info@jas.org.sg