msav
medical scientists
association of victoria

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vpa
victorian psychologists
association

Resignation of Union Membership

Date of Resignation Notice: _____

Member Name: _____

Member Number: _____

Employer: _____

Association: MSAV / VPA

Reason For Resignation:

☐ ***Left industry***
☐ ***Maternity leave (resigned)***
☐ ***Moving interstate***
☐ ***Moving overseas***
☐ ***Redundancy***
☐ ***Retired***
☐ ***Other (please specify)*:*** _____

_____

_____

_____

Signature: _____

**Note: Members who resign, other than for reasons associated with having left employment in the industry as above, are required to give 3 months notice of resignation.*