



SONOMA COUNTY
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AFFILIATE MEMBERSHIP CANCELLATION FORM

REASON FOR CANCELLATION OF MEMBERSHIP:

- RELOCATION TO ANOTHER COUNTY or STATE
- LEAVING THE BUSINESS
- UNHAPPY WITH AFFILIATE MEMBERSHIP
- NOT USING AFFILIATE MEMBERSHIP
- RETIRING FROM BUSINESS, PLEASE TELL US THE # OF YEARS YOU PRACTICED _____

Member Name: _____

Office Name: _____

Office Address: _____ City: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Affiliate E-mail: _____

Affiliate Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Is there anything that NorBAR could have done to improve your membership?

Member Signature: _____ Date: _____