



SCOUTS AUSTRALIA, QUEENSLAND BRANCH INC.

# RESIGNATION OF AN ADULT MEMBER

FORM: A11  
ISSUE: 8  
DATE: 04/06

## MEMBER'S DETAILS

NAME (✓ box)

Mr ☐ Mrs ☐

Miss ☐ Ms ☐

Dr ☐

Other ☐

MEMBER NUMBER

FAMILY NAME

POST NOMINALS

GIVEN NAMES

PREFERRED NAME

APPOINTMENT

ROLE / SECTION / SPECIALISATION

GROUP

DISTRICT

REGION

DATE MEMBER RESIGNED:        /        /

REASON WHY MEMBER RESIGNED:

NOTE:

*Where the Member is a Group Leader or Leader in Charge, please advise the name of the new contact person.*

NAME:

MEMBER NUMBER:

PLEASE ANSWER THE FOLLOWING. **This information is essential.**

(Circle your answer)

1. Did the Leader resign of own volition?

YES    NO

2. Has this resignation been discussed with the Leader?

YES    NO

3. If Leader is moving to another locality will he/she be prepared to take up an appointment at their new locality?

YES\*    NO

*If "YES\*", please state locality:*

4. Would you recommend that this Leader be invited to continue in the Movement in another or similar capacity now or in the future?

YES    NO\*

*If NO\*, please state reasons:*

BRIEF COMMENTS ON THE MEMBER'S SERVICE:

TEAM LEADER'S NAME:

TEAM LEADER'S SIGNATURE:

DATE:

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