New/Associate Member Discontinuation Notice

This form must be submitted to the SOLD Office within 24 hours of the student's decision to discontinue the New/Associate Member Education Program

I, _____, President of _____
(Name) (Organization)

hereby recognize that _____ is no longer participating in our New/Associate
(Former New/Associate member)

Member Education Program as of _____. Therefore, he/she will not become a member of our
(Date)

organization this semester, and loses all rights thereof. Please take his/her name off any lists regarding New/Associate Member Education Program activities. In addition, please note that the student and/or his/her actions are no longer affiliated with our organization.

_____ _____
President's Name Date

_____
President's Signature

_____ _____
New/Associate Member Educator's Name Date

_____
New/Associate Member Educator's Signature

_____ _____
Associate Director's Signature Date