



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?

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Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_