

Membership Cancellation Request

Member #:	Member Name:
±	re not transferred associations, must have licenses removed processing a cancellation request.
Please inactivate the following	ng services as of Date
	☐ Commercial ☐ AFF ☐ Supra ☐ Sentrilock
Your input would be valued in helping us make plans for future services and programs. Please let us know what factors have influenced your decision to cancel and/or not renew your NSDCAR membership.	
Employment ☐ I have changed occupati ☐ I am currently not employ ☐ I have retired ☐ I have transferred associ	
Dues	within my budget at this time
Career Development/Educ ☐ Education programs do r	ation not fit with current stage of my career
☐ Another Association is m	ore focused on my specialty - please list specialty
Comments:	
I understand that dues and fees	s are non-refundable should I cancel membership.
Signature:	Date: