



Narsingdi-Bhairab Association of New Jersey
NBANJ.ORG



Resignation Form

Date:

Name of the Member:

Position of NBANJ:

Reasons of Resignation: (Use Additional Page if required)



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Suggestions/Comments/Guidelines (if any) that NBANJ may consider for the future betterment of the organization: (Use Additional Pages if required):



Narsingdi-Bhairab Association of New Jersey
N B A N J . O R G



Office Use Only:

☐ **Approved**

☐ **Declined**

Signature of the Chief Advisor:

Date:

Signature of the President:

Date:

Signature of the General Secretary:

Date: