

Narsingdi-Bhairab Association of New Jersey

NBANJ.ORG

Resignation Form

	<u>Date:</u>
Name of the Member:	Position of NBANJ:
Reasons of Resignation: (Use Additional Page if required)	



Narsingdi-Bhairab Association of New Jersey

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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

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Office Use Only:	
☐ Approved ☐ Declined	
Signature of the Chief Advisor:	Date:
Signature of the President:	Date:
Signature of the General Secretary:	Date: