



# MEMBERSHIP CANCELTION

Membership No.	
Member type	
Expiry date	

Please fill in this section if you no longer wish to be a member of the ASBRM and return this signed form to ASBRM for confirmation via email scan [info@asbrm.com.au](mailto:info@asbrm.com.au) or post to **ASBRM PO Box 236, GLENSIDE, SA 5065.**

Or telephone (08) 8338 2144 if you have any queries.

I \_\_\_\_\_ do not wish to continue my membership with the ASBRM.

Signature \_\_\_\_\_ Date \_\_\_\_\_