

First names:

Location:

Nieuwe Achtergracht 170 1018 WV Amsterdam 020 525 37 20 info@sibamsterdam.nl www.sibamsterdam.nl

## FORM OF UNSUBSCRIPTION

Undersigned requests the board of SIB-Amsterdam to unsubscribe himself/herself as a member of the association. The membership and the obligation to pay the membership fee will expire on the next 31 August, after the form has been received by the Secretary.

Surname	):					
Date of E	Birth:					
Address:						
ZIP Code	e and City:					
Phone number:						
E-mail address:						
Reason o	of unsubscri	iption:				
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NO, I do	on't want to	become an all	umnus yes,	i would like to	o become an a	iumnus
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€10	€20	€25	€30	€40	other:	
Bank acco	ount details:					
Signature:						

Date: