

# SCOUTS VICTORIA

## RELINQUISHMENT OF ADULT APPOINTMENT



FORM A3

Before completing this form please ensure you are familiar with the process for Adult Appointments, contained in the Scouts Victoria Info Book.

Please complete all sections of this page. Whatever information you provide here will be kept in the utmost confidence.

MEMBER'S DETAILS		
Given Name:	Surname:	
Role/Position:	Membership Number:	
Group/Formation:	District:	Region:

I WISH TO:	
<input type="checkbox"/> Relinquish Membership	<input type="checkbox"/> Transfer to ASF
<input type="checkbox"/> Relinquish Leader role but remain a Rover	<input type="checkbox"/> Join Friends of Scouting
<input type="checkbox"/> Move to an Office Bearer Role <i>(please state the role here):</i>	
<input type="checkbox"/> Other <i>(please state what this will be here):</i>	

REASON FOR LEAVING	
<input type="checkbox"/> Change of personal or family circumstances, giving less time for Scouting	
<input type="checkbox"/> Looking for new life challenges, whilst remaining in Scouting	
<input type="checkbox"/> New time commitment to work or study giving less time for Scouting	
<input type="checkbox"/> Seeking a less active role but as a continuing Scouting member	
<input type="checkbox"/> Health considerations giving less time for Scouting	
<input type="checkbox"/> Lost interest or drive for Scouting	
<input type="checkbox"/> Other Leader(s)	<input type="checkbox"/> Other Office Bearer(s)
<input type="checkbox"/> Other Rover(s)	
<input type="checkbox"/> Moved address — within Victoria	To ..... Town
<input type="checkbox"/> Moved address — interstate	To ..... State/Town
<input type="checkbox"/> Moved address — overseas	To ..... Country/Town
<input type="checkbox"/> Deceased <i>(Refer immediately to Branch Secretariat on 03 8543 9803 or fax 03 8543 9866)</i>	

Is there anything you would like to tell us not covered by your response above?	

Applicant's Signature:		Date:	
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**LEADER IN CHARGE RECOMMENDATION**


Name <i>(please print)</i> :		Signature:	
Position:		Date:	

**DISTRICT PERSONNEL COMMITTEE RECOMMENDATION**


Name <i>(please print)</i> :		Signature:	
Position:		Date:	

**DISTRICT COMMISSIONER RECOMMENDATION**


**District Commissioner's Authorisation**

Signature:		Name:		Date:	
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**MEMBERSHIP SUPPORT TEAM USE ONLY**

Date Received:		Date Processed:		By:	
Date passed to Branch Secretariat <i>(Deceased Member only)</i> :					