

Resignation Form

Name: _____

Membership no: _____ Resignation date: _____

Reason for Resignation

Reassignment Repatriation Other

If possible, would you rejoin the Club? Yes No

Life Membership

Would you be interested in remaining a Member of the Club? Yes No

Reinstatement

Members who wish to reactivate their membership may do so within six months of resigning—subject to approval by the Membership Committee and Board of Governors—by paying the balance of monthly and seasonal assessment dues and the refundable deposit. After six months, resigned Members are subject to regular joining fees and must receive approval from the Membership Committee and Board of Governors.

Staff Seasonal Assessment Dues

As detailed in the Club's General Rule II A4 and General Rule II B6, resigning Members are required to pay prorated seasonal assessment dues: December–February (half dues); March–May (full dues); June–August (half dues); September–November (full dues).

Final Billing Options

As stipulated in the Club's Articles of Association, any outstanding account balance must be settled in full for the resignation process to be completed.

Bank account direct debit

Credit card: MasterCard Visa American Express Diners Club

Name on card: _____

Card no: _____

Card expiration date: _____

Final statement destination: new address below company address

Deposit Refund Options

Any outstanding account balance must be settled in full before a deposit can be refunded.

Deposit or partial deposit to be paid to: My bank account Company bank account

Bank name: _____ Branch: _____

Account no: _____ Account type: _____

Account holder's name: _____

Company contact person: _____

Company Members

Will your Company membership remain open? Yes No Conversion to Company Life membership

If you answered yes, please note that a membership vacancy fee of ¥20,000 per month will be applied.

New assignee name: _____

If you answered no, please contact the Membership Office for a Company Membership Slot Cancellation Form.

Corporate Transition Privileges: Contact the Membership Office for details.

New Contact Details

Address: _____

Tel: _____ E-mail: _____

By signing this form, I understand and agree to the terms and conditions above and declare that the information I have provided is correct.

Signature: _____

