

# Officer Resignation Form

## ABATE of Indiana Officer Resignation Form

**1** I, \_\_\_\_\_, presently holding the office of (check one)

- Region Director     
  Assistant Region Director     
  Region Secretary     
  Region Treasurer     
  Region LINC Rep  
 County Representative     
  Assistant County Rep     
  County Secretary     
  County Treasurer     
  County LINC Rep

In the Region or County of \_\_\_\_\_

Resign from that office, effective (date): \_\_\_\_\_.

My membership ID number is \_\_\_\_\_.

**2** I am leaving this office (Choose either "A" or "B"):

- A) Of my own free will.

I am not taking appointment to another ABATE of Indiana office. I understand I will not be eligible to hold another office until the next regular elections are held.

- B) Because I am taking another office.

I was appointed to the office of (check one):

- Region Director     
  Assistant Region Director     
  Region Secretary     
  Region Treasurer     
  Region LINC Rep  
 County Representative     
  Assistant County Rep     
  County Secretary     
  County Treasurer     
  County LINC Rep

By: \_\_\_\_\_, as of (date) \_\_\_\_\_.

**3** I agree to surrender all ABATE paperwork, materials and property to

\_\_\_\_\_, as of (date) \_\_\_\_\_.\*

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

\* Items turned in should be itemized and initialed by officer taking possession. Attach list to this form.

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