



BURIAL / FUNERAL ASSISTANCE PROGRAM

Membership Termination Form

Note: Print the form, check the appropriate box, fill and mail at P.O. Box 2446 Alief, Tx 77411-2446
Contributions and fees are non-refundable.

Organization

Name of organization:		Tel:	
Date of registration:			
Number of active members:			
Reason of cancellation:			
Temporary cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long?			
Definitive cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach list of members:			
Any pending contribution? Late Fees? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount if yes:			
Name of authorized person:		Signature	
		Date.....	

Individual

Full Name (as it appears in legal documents):	
Last 4 digit of SSN:	
Country of origin:	
Date of enrollment:	
Date of Issuance of certificate of membership:	
Reason of cancellation:	
Temporary cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long?	
Definitive cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any pending contribution? Late Fees? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount if yes:	
Name:	
Signature	
Date.....	

Website: www.sigma-i.org, E-mail: info@sigma-i.org // Tel: 1 800 722 3887 // P.O.Box 2446 Alief, Tx 77411-2446

Administration use only

Date of receipt:	By:	Observation:	Page..... of

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