

FORM FOR WITHDRAWAL OF MEMBERSHIP

Send this form to Betel Trondheim, Prinsensgt. 10B, 7012 TRONDHEIM.
You can also fill out this form, scan and send to our e-mail: medl.reg@beteltrondheim.no

The person signing wants to withdrawal their membership at Pinsemenigheten Betel, Trondheim:

Name: _____

Address: _____

Postal number & area: _____

Norwegian ID number: _____

Children under 15:

Name(s):

Norwegian ID number:

Name(s):	Norwegian ID number:

Optional: Write a few words about why you choose to withdrawal your membership:

Optional: New congregation your attending: _____

Place and date: _____

Signature with full name: _____