

Ending membership in church

I no longer wish to be a grant-eligible member of:

(PLEASE USE CAPITAL LETTERS IN THIS FORM)

Name of Church :.....

Address of Church:.....

Your full name:

Social Security Number: (11 digits)

Location/date:

Signature:

(For persons under the age of 15 years, signed by parent or guardian)

----- CUT HERE -----

The form shall be sent to the faith or belief community that the person wishes to opt out of.

If there is more than one person that is going to cancel membership from a church a separate form has to be filled out for each person.