

Deregistration form member

First name:

Last name:

Address:

Postal code and city:

Phone number:

Date of birth:

Mail address:

Bank account number:

Date of deregistration:

Signature:

Study Association INPUT needs this signature officially to deregister you from our association.

Deliver this form at T6.23 or send it back to
secretaris@studievereniginginput.nl.