



## CITY OF PORTLAND ADVISORY BODY

### MEMBER RESIGNATION FORM

Advisory body member name: \_\_\_\_\_

Advisory body name: \_\_\_\_\_

Member official term (start and end):

Start: \_\_\_\_\_

End: \_\_\_\_\_

New end date: \_\_\_\_\_

Reasons for discontinuing service:

Have you completed the exit interview/survey?

Yes

No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date