

**MEA Marquardt Education Association**  
**Request for Partial Cancellation of Membership**

School: _____	Date Submitted: _____
Member Name: _____	Member ID: _____
Reason: _____ _____ _____ _____	
Intended Cancellation Date: _____	Intended Reinstatement Date: _____
Member Signature: _____	

Send to Lead AR

Building Lead AR Name: _____	Date: _____
Building Lead AR Signature: _____	

Send to Membership Chair

Membership Chair: _____	Date Received: _____
Membership Chair Signature: _____	
Date IEA/NEA was contacted to cancel: _____	<b>Actual Cancellation</b> Date: _____
Name of individual it was communicated to at the IEA/NEA office: _____	
Intended Reinstatement Date Revised: _____	
Intended Reinstatement Date Revised: _____	
Date IEA/NEA was contacted to reinstate: _____	<b>Actual Reinstatement</b> Date: _____
Name of individual it was communicated to at the IEA/NEA office: _____	

<b>Acknowledgement of Reinstatement - <i>Please sign and date</i></b>	
Membership Chair: _____	<b>Forward to Lead AR</b>
Building Lead AR: _____	<b>Forward to Member</b>
Member: _____	<b>Forward to Membership Chair</b>

Deductions not made for \_\_\_\_\_ pay periods, totaling \$\_\_\_\_\_.