



St. John Ambulance Brigade
DISBANDMENT OF A UNIT

Annex B
to StJCI 2-8-2

Unit Name		Unit Number
<input type="checkbox"/> Section attached to Division # _____ Area # _____	<input type="checkbox"/> Division <input type="checkbox"/> Division attached to Area # _____	<input type="checkbox"/> Area
Unit Address		
Council	Attach completed Membership Forms for all members.	

Effective Date	D D M M Y Y Y Y
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Reason for Disbandment:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Recommended by: _____ Provincial/Territorial Commissioner	Date: _____

Approval of Disbandment	
National Commissioner: _____	Date: _____