



**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	<table border="1"> <tr> <td align="center">D</td> <td align="center">D</td> <td align="center">M</td> <td align="center">M</td> <td align="center">Y</td> <td align="center">Y</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	D	D	M	M	Y	Y						
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Reason for Disbandment:													
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Recommended by: _____ Provincial/Territorial Commissioner	Date: _____												

<b>Approval of Disbandment</b>	
National Commissioner: _____	Date: _____