



# 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>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y						
D	D	M	M	Y	Y								
Reason for Disbandment:													
_____													
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Recommended by: _____ Provincial/Territorial Commissioner	Date: _____												

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