

This original form must be signed by the AME President before dues deductions will be terminated.

For AME Office Use ONLY

Mail Date_____

Code_____

Request_____

MEMBERSHIP ABDICATION LETTER

To: President
Suffolk County AME

Dated:

It is my intention to resign from and no longer be a member in good standing of the Suffolk County Association of Municipal Employees (Suffolk AME). I fully understand that by doing so, I will become a Non-member as defined by the Constitution and Bylaws of Suffolk AME. In addition, I fully understand that as a Non-member, Suffolk AME will not provide to me any benefits, services, or representation afforded a member except as required by law.

If Suffolk AME must provide me with services specifically not required by law, I acknowledge that I shall be required to pay, in advance, any costs and expenses, as determined by Suffolk AME, which is affiliated with those services.

In the event I request reinstatement as a member of Suffolk AME and if approved by the AME Executive Board for reinstatement, I fully understand I will be responsible in accordance with the Suffolk AME Constitution and Bylaws, to pay the application and administration fees, any and all arrears dues, and any assessments that I would have otherwise paid as a member during the entire time I was employed in any bargaining unit Suffolk AME represents. I fully understand that no benefits, representations, or services will be provided to me retroactively, except as required by law. I acknowledge that once I resign from Suffolk AME, and in accordance with the Suffolk AME Constitution and Bylaws, I will never be allowed to run for a position as an officer of Suffolk AME or hold any Suffolk AME title if I do return as a member as per Suffolk AME Constitution and Bylaws.

IN WITNESS WHEREOF, the member has executed this Agreement to be effective as of the day and year first above written.

MEMBER: _____

TITLE: _____

Sworn to me this day _____ of _____, 2025

Before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that by his/her signature on the instrument the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY

Accepted by:

SUFFOLK COUNTY AME, PRESIDENT