

Letter of Revocation

I, (PLEASE PRINT NAME) _____, an

employee of (WORK SITE) _____

hereby revoke my membership in the Union of Psychiatric Nurses.

(SIGNATURE)

(DATE)

INSTRUCTIONS

1. Fax or email this letter to the BC Labour Relations Board
Fax 604-660-1892. Email registrar@lrb.bc.ca
2. Send a second copy to the Union of Psychiatric Nurses
211-20644 Eastleigh Cres., Langley, BC V3A 4C4. Fax 604-530-9653.
3. Fax or email a third copy to Health Sciences Association of BC
Fax 604-439-0976. Email info@hsabc.org.