



Date: \_\_\_\_\_

To Whom It May Concern:

Please accept my resignation of the \_\_\_\_\_ chair at  
\_\_\_\_\_ on Broadway. My last show will be  
\_\_\_\_\_.

*Additional comments (Optional):*

Sincerely,

\_\_\_\_\_  
*Signature of Chair holder*

\_\_\_\_\_  
Name of Chair holder (printed) & Card Number

Please send the completed form by mail to the Theatre Department, Attn: Theresa Couture  
Local 802, AFM  
322 West 48<sup>th</sup> Street  
New York, NY 10036  
or by email to [tcouture@local802afm.org](mailto:tcouture@local802afm.org)

For office use only:

New Validation Form submitted by Contractor