

## **COMMITTEE MEMBER RESIGNATION FORM**

| , Mary Sinclair, would like to submit my resignation, effective May 25, 2021 |
|--|
| rom the Advisory Committee for Persons with Disabilities, for the following  |
| reason(s):   |
|  |
| ☐ My circumstances have changed and I no longer have the time to             |
| effectively participate on the Committee.                                    |
| ☑ Personal reasons.  |
| ☐ Other (please explain briefly):  |
| I am no longer able to participate as a member of the Advisory               |
| Committee for Persons with Disabilities due to medical reasons.              |
|  |
|  |
|  |
|  |
| Additional Comments (optional)   |
|  |
|  |
|  |
|  |
| Mary Sinclair May 25, 2021   |
| Mary Sinclair May 25, 2021 Signature Date                                    |