**Monsieur / Madame)………………………………**

**Président(e du Syndicat ………………………….**

**Adresse…………………………………………..**

**Ville …………………………………………......**

**DEMISSION**

JE SOUSSIGNE .........................................................…………………………………..

ADRESSE .........................................................…………………………………..

TELEPHONE .........................................................…………………………………..

E‑MAIL .........................................................…………………………………..

Déclare démissionner du Syndicat ………………………………………………, pour la ou les salle(s) ci‑après :

(remplir un bulletin par cinéma)

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| **CINEMA** | **VILLE** |
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|  |  |
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| **NOM OU NUMERO DE LA SALLE** | **N° D'AUTORISATION CNC** |
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Fait à…………………………………………………. ………………………. le……………………..

Cachet et Signature :