

VOLUNTARY CANCELLATION OF MEMBERSHIP

NAME:	MEMBER #:
□ Professional Member	□ Provisional Licensee
□ Licensee	□ Professional Licensee
□ Life Member	□ Member-In-Training
Current Mailing Address:	
Phone #:	
Email Address:	
Reason for Voluntary Cano	ellation:
Moving from Province or C	Country. If so, where:
	<u> </u>
Not Practising In Alberta	
Retired	
Signature:	Date:
Frail, march archin@anac	

Email: membership@apega.ca

Mail: APEGA

Attention: Membership Administrators

200-8615 51 Ave. NW Edmonton AB T6E 6A8