



The Association of Professional
Engineers and Geoscientists of Alberta

VOLUNTARY CANCELLATION OF MEMBERSHIP

NAME: _____ MEMBER #: _____

- | | |
|--|--|
| <input type="checkbox"/> Professional Member | <input type="checkbox"/> Provisional Licensee |
| <input type="checkbox"/> Licensee | <input type="checkbox"/> Professional Licensee |
| <input type="checkbox"/> Life Member | <input type="checkbox"/> Member-In-Training |

Current Mailing Address: _____

Phone #: _____

Email Address: _____

Reason for Voluntary Cancellation:

- Moving from Province or Country. If so, where:

- Not Practising In Alberta

- Retired

Signature: _____ Date: _____

Email: membership@apega.ca

Mail: APEGA
Attention: Membership Coordinator
1500 Scotia One
10060 Jasper Ave NW
Edmonton AB T5J 4A2