

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 Cancellation:	
Moving from Province or Country. If so, where:	
<u> </u>	_
Not Practising In Alberta	
R Retired	
Signature:	Date:
Email: membership@apega.ca	
Mail: APEGA Attention: Membership Administrators Commerce South Office Park 200-8615 51 Ave. NW Edmonton AB T6E 6A8	