



The Association of Professional
Engineers and Geoscientists of Alberta

VOLUNTARY CANCELLATION OF MEMBERSHIP

NAME: _____ MEMBER #: _____

- Professional Member
- Foreign Licensee
- Member in Training
- Professional Licensee

Current Mailing Address: _____

Phone #: _____

Email Address: _____

Reason for Voluntary Cancellation:

- Moving out of Province/Country If so, where: _____
- Not Practicing In Alberta
- Retired

Signature: _____ Date: _____

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