



APPLICATION FOR INACTIVE MEMBER STATUS

NAME OF APPLICANT:

(MR.) (MRS.) (MISS) (MS.)

.....

Current Mailing Address: Postal Code:

Telephone: Res: Bus: Fax:

Email Address:

Address during Leave Postal Code:

PURPOSE OF REQUEST:

Family:
Health:
Education:
Job Relocation:
Other (Specify):

ANTICIPATED DURATION OF LEAVE:

..... One year, beginning (Date):
..... Up to three years, beginning (Date):
..... More than three years, beginning (Date):
..... Unknown period, beginning (Date):

STATEMENT OF APPLICANT:

I hereby make application for Inactive Member status, as identified above. I have read the conditions contained in the Association's POLICY ON INACTIVE MEMBER STATUS and herewith relinquish my professional seal No: until I am reinstated to active membership.

Date Signature of Applicant:

CHECK LIST (FOR OFFICE USE ONLY)

Re: Application for Inactive Member Status

OF:

DATE RECEIVED: BY:

FORM IN ORDER: NOTE:

ACTION OF COUNCIL:

APPROVED: NOT APPROVED:

DATE: PRESIDENT:

APPLICANT NOTIFIED IN WRITING:

DATE: BY:

EFFECTIVE AS OF: MEMBERSHIP NO: