



Change/Cancel Membership Status Form

Note: Failure to submit this form may result in the automatic cancellation of your membership

DATE: _____
mm / dd / yy

I hereby make application to change membership type with the Alberta Assessors' Association:

(Please Print)

Name: _____
Surname First Name(s)

Address: _____
(Business) Street City Postal Code

Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Fax: (____) _____ - _____ e-mail: _____

(Please Check the Following)

(1) Current Membership Type:

Regulated

Accredited

Candidate

Non-regulated

Associate

Retired

Student

(2) Membership Changed to:

Regulated

Accredited

Candidate

Non-regulated

Associate

Retired

Student

NOTE: A Retired Member is defined as a member who is "no longer practicing assessment" and does not present themselves as a practicing Assessor (Policy 80-8, AMAA Use by Retired, Suspended, Cancelled). If you expect to continue working in the profession, you are expected to maintain your accreditation.

I am changing my membership because: _____

(3) CANCELLATION:

I would like to cancel my membership because:

Signature: _____

Approved by Registration Committee on: _____