



Resignation

Applicant information

Name:

Current Office Address: City:

Province/State: Postal Code:

Home Address: City:

Province/State: Postal Code:

Preferred Phone number:

Preferred Email:

Details of Application

I, , respectfully request consideration of my membership classification to

Resigned

commencing:

For the following reasons:

I understand that if I am applying to another jurisdiction, during practice interruption, I must continue to carry professional liability protection, PLP, as provided by the Canadian Chiropractic Protective Association, CCPA, or equivalent from another insurance carrier, and provide proof of the same. In addition, continuing education requirements must be maintained.

I acknowledge that I have read the Bylaws Section 36 and understand resignation is not in effect until accepted by the Registrar s. 36(2) and that the Registrar may impose whatever conditions are in their opinion necessary to ensure continuity of patient care and to ensure that all obligations of the member under the Act or these By-laws are fulfilled, including the payment of any outstanding monies to the Association s. 36(3).

Signature of applicant

Date