

## **To the attention of: the Registrar of the Association of Ontario Land Surveyors** *CC: Member Services Coordinator*

## PART A:

First Name:	Last Name:	
Registration Number:		
Select Change of Status: Retire my Mem	bership Cancel	my Membership
Effective Date: DD / MM/YYYY:_		
PART B:		
Are You a CofA Holder? YES	NO	
If yes, what are your intentions for your CofA?	RELINQUISH	TRANSFER
Name of OLS transferring CofA to:		
If you are relinquishing your CofA, where can y below:	our Field Notes and Rec	ords be obtained? Please indicate
Company Name:		
Address:	City/Town:	Postal Code:
<ul> <li>The Annual Retired Membership runs from July to Ju</li> <li>Free Registration to attend the AOLS AGM</li> <li>Reduced costs to attend Continuing Education</li> </ul>		nip entitles you to:

- The AOLS Quarterly magazine and other mailings
- Access to publications, videos and the AOLS library
- Information about industry events.
- Receive general information issued by the Association
- Attend meetings of the Association
- Serve on some Committees of the Council

Signature