## Psychological Association of Manitoba Retirement/Resignation Declaration Form

Please check the category you are requesting:	
	Retirement
	Resignation. Details:
 Nam	e:
Ema	il Address:
Phor	ne number:
Curre	ent Home Address:
Date	Retirement/Resignation Status Starts:
been	<b>Membership</b> . When a member of the association in good standing attains the age of 65 years and has a member of the association for at least 25 years or is a Charter Member, that member is eligible to be led as a Life Member of the association.
l am	interested in the Life Membership Category: ☐ Yes ☐ No
in the Activ	ify that as a former member of the Psychological Association of Manitoba I will not practice psychology is province of unless I notify the Psychological Association of Manitoba in advance and register as an e Registrant. I also certify that I have read and will adhere to requirements for the transfer of care, nuity of care and storage and maintenance of client records outlined in the current PAM Code of luct.
Signa	ature:
Date	: Return form by email: office@cpmb.ca or by regular mail
	datory: Please provide the location and contact information for the storage of your client files. You must PAM if the storage location changes.