



Request For Change to Retired status

Date to begin Retired Status _____

Retired status

Status

Annual Fee

R.P.Bio. (Ret.)

Retired status

\$45.00

! Sign below and return form with payment. !

Retired Member Declaration RPBio

I hereby declare that I will not practice applied biology of any kind (paid or volunteer), while on retired status. I further understand that payment of the reduced fee will result in listing my membership as RPBio (Ret.). If at any time during the year I resume gainful employment of any kind, I will inform the College of Applied Biology and will remit the RPBio dues (\$325.00) and reinstatement fee (\$81.25).

Name: _____ Date _____
(Please Print Clearly)

Signature _____ Member Number _____

Code of Ethics Declaration

I certify that I have read the [College's Code of Ethics](#) within the last 12 months.

Signature _____

Indictable Offence Declaration

Have you been convicted of an indictable offence within the past year?

Yes No Signature _____

Payment Information

NAME ON CARD	AMOUNT:
CARD NUMBER:	3 DIGIT NUMBER ON BACK:
SIGNATURE of CARD HOLDER	EXPIRY DATE: