

## Request for Membership Resignation Form

To complete this form, you must download and save a blank copy to your computer. Close your Internet browser and open the saved copy from your computer files. Now you may print off a hard copy or enter your information electronically.

### Membership Resignation Information

This form is for members who are cancelling their membership with the College because they are leaving the practice of the profession in Ontario.

Please see [college-ece.ca/resignation](http://college-ece.ca/resignation) to confirm that this form applies to you.

Once your resignation takes effect you will not be allowed to practise the profession in Ontario or refer to yourself using the protected titles and designations.

#### Member Information

Last name

First name

Middle name(s)

Registration number

Home address

Street name & number

Unit #

P.O. BOX

R.R.

City

Province/State

Postal Code

Country

Reason(s) for resignation:

Retired

Maternity or parental leave

Moved to another province or country

Health issues

No longer working in the ECE field

Student

### Acknowledgement

a) I confirm that all the information contained in this Request for Membership Resignation Form is true.

Yes

b) I understand that I may no longer use the protected titles or designations “early childhood educator” (ECE) or “registered early childhood educator” (RECE) or their French equivalents unless I hold a Certificate of Registration in good standing with the College.

Yes

c) I understand that I may no longer engage in the practice of early childhood education or hold myself out as able to do so, subject to certain exceptions.

Yes

d) I understand that I may no longer represent or hold out (expressly or by implication) that I am a member of the College.

Yes

### Signed Confirmation

By checking this box and typing or printing my name, I authorize the College of Early Childhood Educators to proceed with this membership resignation request.

Member's name

Date