



Certified
Technology
Professionals

t. 902.463.3236 | 1.866.723.8867
f. 902.465.7567
info@technova.ca | www.technova.ca

202 Brownlow Avenue
Unit 310
Dartmouth, NS B3B 1T5

Retired Affidavit

I, _____ # _____
Print Name Membership Number

As an active member of the Society I do hereby in accordance with By-Law 5.09 and Rules of Council, request retirement status. I will continue to be subject to the designation/membership assessment of the Canadian Council of Technicians and Technologists (CCTT).

I am now permanently retired from active participation in the workforce, effective, _____ (e.g. December 27, 1999)

Should I again be employed, I am liable for and will pay the remaining applicable annual membership fees.

Signature Date

FOR OFFICE USE ONLY	
<u>Date of Certification</u>	
<u>Council Minutes:</u>	



Certified
Technology
Professionals

t. 902.463.3236 | 1.866.723.8867
f. 902.465.7567
info@technova.ca | www.technova.ca

202 Brownlow Avenue
Unit 310
Dartmouth, NS B3B 1T5