

MEMBERSHIP RESIGNATION FOR INDIVIDUALS LICENSED BY APGNS

APGNS requires further information for an individual to resign “in good standing”.

(Print Name) _____ (Registrant number) _____

(Employer) _____

1. Are you currently practicing geoscience in or for the province of Nova Scotia?
(Yes / No)
2. Reason for resigning membership (Attach additional page if necessary):

3. What is the effective date of your resignation or requested pause of membership?

4. Are you the professional responsible for geoscience work on a Certificate of Authorization?
(Yes / No)
If Yes, please provide the name / number of the Certificate holder: _____

5. Do you have an APGNS issued stamp?
(Yes / No)
If Yes, please provide a date we can expect the stamp to be returned: _____

Signature: _____ Date: _____

**Reinstatement requires an application and fee payment.
Please submit this signed declaration, and return your APGNS issued stamp, to:**

Email: registrar@geoscientistsns.ca

Mail: Registrar, APGNS
2 Ralston Ave., Suite 100
Dartmouth, Nova Scotia
CANADA B3B 1H7

(Updated: February 2025)