



Human Resources
Professionals
Association

Resignation Form

General Instructions:

Please complete this Notice of Resignation Form and return it to the Human Resources Professionals Association:

Office of the Registrar
150 Bloor St. W., Suite 200
Toronto, ON M5S 2X9

Email: renewal@hrpa.ca
Fax: 416.923.7264

Your annual registration fee cannot be refunded, even if you are a registrant for only a portion of the year.

If you wish to **rejoin HRP**A at a later date, please note that you would need to submit a **new registration** application directly to our Registration Services to reopen your previous member record.

If you held a designation, you would need to **re-achieve the designation** by meeting all of the designation requirements in place at the time you rejoin, excluding any requirements that were previously met and that are still valid. For more information, please contact the Office of the Registrar at: registrar@hrpa.ca

If you are resigning because of difficulty meeting your Continuing Professional Development Requirement then you are encouraged to connect with the Office of the Registrar registrar@hrpa.ca for assistance.

To be completed by designated members only:

You may resign your designation and retain registration under the Practitioner category.

Note: Practitioner category registration renewal and registration dues will apply.

I wish to resign my designation and retain registration under the Practitioner category.

Yes No

Registrant Information:

Legal First Name	Legal Last Name	
HRPA Registration Number:		
Street Address		
City	Province	Postal Code
Email Address:		

Notice of Resignation:

This is to officially notify HRPAs of my decision to resign my registration in the Human Resources Professionals Association. I understand that my resignation means that I no longer enjoy the rights and privileges of registration in HRPAs and do not have the right to use any designation granted by HRPAs. I understand that if I wish to re-apply for registration in the future, I must submit a new Application Form and re-achieve any designation I previously held.

Signature: _____ Date signed(mm/dd/yyyy)_____

By providing an electronic signature, I confirm my understanding and agreement to the terms of this form.

Reason for Resignation:

- | | |
|------------------------------|--------------------------|
| Retiring | Leaving province/country |
| Leave of absence | Changing professions |
| Other (please outline below) | |