

## OCOT Membership Cancellation Form

Complete this form to notify us of your intent to cancel your Ontario College of Trades Membership

### Information about you

First name and initial	Last name	OCOT Membership Number
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Date of birth:	Year	Month	Day
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Address Apt no –	Street no	Street name	PO box	RR
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City	Province/Territory	Postal code
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Country, state, zip code (if outside Canada)

Telephone numbers Home	Work	Other
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**Once completed send this form to The Ontario College of Trades, PO Box 20009 RPO Bay Adelaide, Toronto, Ontario, M5H 0A1 or [membership@collegeoftrades.ca](mailto:membership@collegeoftrades.ca):**

I hereby give notice that effective immediately I wish to cancel my Membership in the College. By signing and submitting this form my Membership will cease to be active and I understand that working in **compulsory trades** with a cancelled or suspended statement of membership or certificate of qualification is breaking the law under the Ontario College of Trades and Apprenticeship Act, 2009.

Signature	Date (mm/dd/yyyy)
X	