

# Membership Status Change Form

## TEMPORARY UNEMPLOYMENT/LEAVE POLICY

1. Any member who meets the criteria below may request a temporary reduction in membership dues:
  - a. Unemployed or on leave for the last three consecutive months immediately preceding the mailing of the first notice of annual membership dues, or
  - b. Subsequently becomes unemployed or takes leave within the first four months of the calendar year.
2. Examples of temporary leave include parental leave, disability, care of an ill family member, return to full-time study, or other special circumstances requiring a temporary departure from the workplace.
3. Members applying for temporary unemployment/leave status who have had their dues reduced six or more times consecutively will have their applications reviewed by the ASET Council. The temporary unemployment/leave program is available to a member for a maximum of six years over any 10 year period.
4. Members must certify temporary unemployment/leave status by completing the declaration on the Membership Status Change Form. This declaration is required annually.
5. Members who are approved for temporary unemployment/leave status agree that upon returning to work in the calendar year for which the reduction was granted to pay the outstanding balance of dues for that year.
6. Failure to pay the outstanding dues within three months of returning to work will result in cancellation and removal from the membership register.

## RETIRED MEMBERSHIP POLICY

1. Any member who meets the criteria below may request retired membership:
  - a. Has been a regulated member of a national organization of technicians and technologists for a minimum of 10 years, of which at least the last three have been with ASET; and
  - b. Has retired from the practice of applied science, information and/or engineering technology.
2. Retirement from the practice of applied science, information, and/or engineering technology means that ***the member is not active in the profession in any manner, including full-time or part-time consulting, teaching, and/or contract employment.***
3. Members must certify retired status by completing the declaration on the Membership Status Change Form. They must be retired prior to submitting this application.
4. To meet the minimum membership requirement for retired status, the member must have at least ten **consecutive** years of membership. Members from a national organization who did not complete the transfer process are considered to have a break in service and will not have their previous membership counted towards the minimum requirement.
5. Requests for retired membership received after June 1 will take effect the following calendar year.
6. Retired members who wish to return to active practice may be reinstated with payment of the outstanding balance of regulated membership dues for the current year and proof of Continuing Professional Development compliance to demonstrate professional currency.

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## CURRENT MEMBERSHIP STATUS

☐ Active      ☐ Retired      ☐ Unemployed/on leave

## REQUESTED CHANGE IN MEMBERSHIP STATUS

☐ Active      ☐ Retired      ☐ Unemployed/on leave      ☐ Voluntary resignation

## CONTACT INFORMATION

Name \_\_\_\_\_ ASET No. \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Prov./Terr. \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## UNEMPLOYED/PARENTAL LEAVE DECLARATION

☐ "I certify that I am temporarily unemployed or on leave and wish to apply for a reduction of my ASET membership dues. When I return to work, I am required to inform ASET and will be required to provide appropriate payment for my membership status as required."

Signature \_\_\_\_\_ Date \_\_\_\_\_

## RETIRED STATUS DECLARATION

☐ "I certify that I am now retired from the practice of applied science, information and/or engineering technology and wish to apply for retired membership. Should I return to the active practice of the profession at any time, I am required to inform ASET and will be required to meet the requirements for reinstatement as described on the Membership Status Change Form."

Signature \_\_\_\_\_ Date \_\_\_\_\_

## RETURN TO ACTIVE PRACTICE

☐ "I certify that I am returning to active practice and I will provide appropriate payment for dues charged and proof of Continuing Professional Development as a result of returning to active practice."

Signature \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTARY RESIGNATION AUTHORIZATION

☐ "I authorize ASET to cancel my membership. I understand that after cancellation I am no longer entitled to use my ASET designation and that should I wish to return to ASET in the future I will be subject to current reinstatement and application policies."

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR RESIGNING MEMBERS

Could your resignation have been prevented?      ☐ YES      ☐ NO

## Reasons for Resignation (check all that apply)

<input type="checkbox"/> Did not feel a part of the organization	<input type="checkbox"/> Unclear about member benefits	<input type="checkbox"/> Did not help job function
<input type="checkbox"/> Did not help in job search or promotion	<input type="checkbox"/> Could not justify membership costs	<input type="checkbox"/> Left the field/industry/profession
<input type="checkbox"/> Lack of engagement with organization	<input type="checkbox"/> Employer will not pay/stopped paying my dues	

## FOR UNEMPLOYMENT/LEAVE, RETIRED MEMBERS, or MEMBERS RETURNING TO ACTIVE PRACTICE

I would prefer to pay my reduced annual dues using the following method of payment. Please refer to the ASET website for current dues.

☐ VISA      ☐ AMEX      ☐ MasterCard      ☐ Enclosed Cheque (make payable to ASET)

Credit Card # \_\_\_\_\_ Expiry Date (MM/YY) \_\_\_\_\_