



Retired Member Application Form

Dear Canadian Academy of Geriatric Psychiatry,

I hereby attest that I have withdrawn entirely from geriatric psychiatry practice and have no source of professional income. I declare that the above statement is true and accurate to the best of my knowledge.

Sincerely,

Name:

Signature:

Date:

Email:

Instructions:

- 1. This form is to be completed and signed. If you do not have an electronic signature you may print out this form and either fax or mail it to:**

Canadian Academy of Geriatric Psychiatry
20 Crown Steel Drive, Unit 6
Markham, ON
L3R 9X9
Phone number: 905-415-3917
Fax number: 905-415-0071

- 2. If you are mailing this form, you may also include a cheque for payment of your membership. Please [click here](#) to view the cost of the Retired Member Category.**
- 3. To register and pay online, please [click here](#). You may email the application form to cagp@secretariatcentral.com.**