

## BCSLA Change of Status Request Form – Intern/Associate to Resigned

Requests for changes of membership are due by November 15 for the following year. Please review the BCSLA Bylaw excerpts on the second page before filling out this form. Please email the completed form to [admin@bcsla.org](mailto:admin@bcsla.org).

**Name:** \_\_\_\_\_

**Please state your reason(s) for your resignation:**

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**Please read and agree to the following:**

- I confirm that my continuing education credits are up to date (if an Intern) and I have no outstanding BCSLA payments.
- I understand that if I resign, my records will be removed from the BCSLA online system. I will keep hard copies of my continuing education credits and work experience on hand.
- I have read and understand the reinstatement policy in this document.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### BCSLA Intern/Associate Reinstatement

*A BCSLA Intern or BCSLA Associate resigned in good standing may be reinstated to their previous status on application to the Registrar, if (a) within three (3) years of the date of the application the BCSLA Intern or BCSLA Associate pays his or her current dues and administration fee. If after three (3) years of the date of the resignation, the individual must submit an application for review by the BCSLA Credentials Committee and Board of Directors.*

A complete copy of our Bylaws is available at <https://www.bcsla.org/profession/bylaws-standards>. The Bylaws of the day will apply.