



COTAPSA

City of Toronto
Administrative, Professional, Supervisory
Association, Incorporated

MEMBERSHIP OPT-OUT FORM

Please mail or fax this form to COTAPSA – see address and fax information below

I, _____, employee # _____,
(please print name)

wish to opt out of the City of Toronto Administrative, Professional, Supervisory
Association, Incorporated (COTAPSA Inc.) effective immediately.

(Signature)

PLEASE PRINT

Name: _____

Cluster/Division: _____

Address: _____

Phone Number: _____

Email Address: _____

Dated at _____, Ontario, this _____ day of _____ 20____

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