**APPLICATION FOR FEE REDUCTION**

To be eligible for a fee reduction, all parts of this form must be completed in full and the required documentation submitted with this application. Once approved, this form becomes the credit note applied to your account.

Name: Member Number:

 (Please Print)

Email:

Please check only one box in section A. Check the box in section B if you are applying for a deferral.

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| **Section A** |
| ❒ | Family Leave | ❒ | Unemployment | ❒ | Medically unable to work \*\* |
| Since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have been out of the work force. During this time, I have received no more than $30,000 of earned income. Earned income is defined as income derived from active participation in a trade or business, including but not limited to wages, salary, tips, commissions and bonuses. Accordingly, I apply for a reduction in my **annual membership** fees for the current year.*I undertake to advise the Institute when I have earned more than $30,000 from the provision of services.* (Members who return to earning more than $30,000 from the provision of any services will return to payment of pro-rated membership fees.)Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section B** |
| ❒ | Financial hardship \*\* |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*\* Please provide the required documentation for processing (refer to reverse side).****Note:** Fee reductions granted under these policies are annual reductions. **Members must re-apply each year for continuation of a fee reduction.** Requests for retro-active application of a reduction of membership fees for prior years will not be granted. |

 **Mail to: Administrator, Membership**

 **ICSA Canada**

 **300 March Road, Suite 202**

 **Ottawa, ON K2K 2E2**