



APPLICATION FOR RETIRED MEMBERSHIP

DATE:

MEMBER NUMBER:

FULL NAME:

HOME ADDRESS:

EMAIL:

HOME PHONE:

DATE OF BIRTH:

(mm/dd/yy)

DATE OF RETIREMENT:

(mm/dd/yy)

Please check all that apply:

- My earned income* (during retirement) is less than \$30,000 CAD (calendar year)

AND

- My age plus the years I have held the ACIS/FCIS designation total 70 or greater

**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.*

By signing below, I certify that the information provided is accurate and complete.

SIGNATURE:

DATE: