

**APPLICATION FOR THE REDUCTION IN MEMBERSHIP FEES DUE TO RETIREMENT**

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

Membership Number: \_\_\_\_\_

Members who are aged over 60 years of age and work less than 15 hours per week are entitled to apply for the grade of retired member.

I declare that I fulfil the criteria set out above and would therefore like to apply for the grade of retired member.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY BY ICES:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Authorised: \_\_\_\_\_ Date: \_\_\_\_\_

Please return a signed and dated form to the address below for the attention of our subscription manager.