

**APPLICATION FOR THE REDUCTION IN MEMBERSHIP FEES DUE TO SPECIAL CIRCUMSTANCES**

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

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

**This application is valid for one subscription year only.**

The membership fee will return to your normal subscription rate when this subscription year ends.  
Subscription year is from 1 March – 28/29 February the following year.

*(Please tick as appropriate)*

**Reduction of subscription to 50% (special circumstances)**  
Please give sufficient information to enable our committee to consider your application; e.g. in the case of maternity leave, the start and end dates of the leave, please state how many weeks you will receive full pay, half pay and Statutory Maternity Pay. Part-time work, can you let us know how many hours you are working, when it started and if you are looking for full-time work.

**Reduction of subscription to the retired members' rate.**  
I confirm that I am not undertaking paid work and/or am receiving state benefit. Therefore, I am not able to pay the full subscription fee at this time and wish to apply for a reduction in my subscription to the retired members' rate.

Reason for request:

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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.