

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 CICES:

Signed: _____ Date: _____

Authorised: _____ Date: _____

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