

APPLICATION FOR FAMILY STATUS MEMBERSHIP

NAME: _____

ADDRESS: _____

TEL. NO.: _____

FAX NO.: _____

E-MAIL: _____

CURRENT MEMBERSHIP STATUS: _____

FAMILY STATUS MEMBERSHIP OBJECTIVES

The family status membership was established by the Institute of Chartered Accountants of Bermuda in recognition of the changing circumstances of members, some of whom have little or no income because of family responsibilities. Members who qualify will pay reduced annual dues.

TERMS

1. Members may apply for a reduction in the amount of their annual membership fees (ICAB and CICA) if:

a. they are at home providing care for at least one dependent at the time of Application.

AND

b. income from employment or self-employment is derived from gainful occupation of less than 780 hours per ICAB's fiscal year.

2. Fee reductions granted under this policy are annual reductions. Members must re-apply each year. Requests for retroactive reduction of membership fees of prior years will not be considered.

3. Members who qualify for this reduction will pay only half of the CICA dues and half of the ICAB membership fee dues in the "any other member" category.

DECLARATION

I hereby apply for a reduction of membership fees for the Institute year ending March 31, _____ in accordance with the terms outlined above. I declare that in this period I will be occupied providing care for dependent(s) and expect my income from all sources will not result from gainful occupation of 780 hours or more per year.

I agree to notify the Institute if my income during the year application has been made, exceeds the hours as outlined above and I understand that if it does, I will be responsible for payment of the applicable full year's fee.

Signature of Applicant

Date