

Application for Change in Membership Fee

PLEASE USE BLOCK CAPITALS

Membership Number	<input type="text"/>
Title	<input type="text"/>
Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Post Code/Zip Code	<input type="text"/>
Home Telephone Number	<input type="text"/>
Mobile Telephone Number	<input type="text"/>
Registered Email Address	<input type="text"/>

A LIFE MEMBERSHIP FOR RETIRED MEMBERS

I wish to apply for LIFE MEMBERSHIP of the Institute because I have retired/will be retiring from all paid employment or business activity and my age being 55 years on 1 January in the **year following my retirement**, or I have retired on the grounds of ill health.

I confirm that from the date of retirement I will not undertake any paid employment or business activity regardless of whether it relies upon me using my 'CPFA' designation or not and have no intentions of returning to such. I understand that Life Membership involves one payment equivalent to the current year's annual full member subscription and no payment thereafter.

Signature: _____ Date of retirement Date: _____

B RETIRED MEMBERS RATE

I wish to apply for RETIRED MEMBERS RATE of membership because I retired **last year** from all paid employment or business activity **and** have reached 55 years of age on 1 January in the **year following my retirement**, or have retired on the grounds off ill-health.

I confirm that from the date of retirement I will not undertake any paid employment or business activity regardless of whether it relies upon me using my 'CPFA' designation or not but, should this change, I will notify the Institute.

Signature: _____ Date of retirement/ceased employment Date: _____

C RETIRED 1ST HALF OF CURRENT YEAR

I wish to apply for a reduction of half of my membership fee as I have retired/will be retiring before **30 June of this year** from all paid employment or business activity **and** have reached 55 years of age on 1 January in the **year following my retirement**, or have retired on the grounds of ill-health. I also confirm that from the date of retirement I will not undertake any paid employment or business activity regardless of whether it relies upon me using my 'CPFA' designation or not and have indicated below my preference for **the following year's** category of membership. If my situation changes I will notify the Institute.

(If you intend to continue working but in a part time capacity for more than 5 hours per week, you will pay your current membership fee for this year and apply for the Part-time rate for next year).

Life Membership

Fully Retired

Part-time Working

Date of retirement

(average hours per week.)

Signature: _____

D _____

D PART-TIME

I wish to apply for a reduction of half of my membership fee as I have/will be working part-time* but, should this change I will notify the Institute.

**Part-time is defined being in paid employment or business activity on average for less than 18 hours per week.*

Average weekly working hours

Date effective

Signature: _____

Date: _____

E CAREER BREAK

I wish to apply for a reduction of half of my membership fee because I have taken/am to take a break in my career and will not be/am not working in **any** capacity.

This does not include maternity leave or unpaid maternity leave, see section F below.

Date effective

Date of intention to return
to work (if known)

Signature: _____

Date: _____

F MATERNITY LEAVE

I wish to apply for a reduction of half of my membership fee because I have **extended** my maternity leave with further **unpaid** leave, such that my average paid hours per week during this calendar year has fallen below 18. *(NB. Paid maternity leave, including statutory maternity pay, only is not eligible for a reduction).*

Date commencing
unpaid leave

Date of intention to return
to work (if known)

Signature: _____

Date: _____

Reductions other than those outlined in the previous sections may be considered in matters of extreme hardship. If you regard this to be the case, please contact the Membership department on +44 (0)20 3117 1880 or email membership@cipfa.org.uk for advice.

PRACTISING CERTIFICATE

If you are **self-employed (including interim assignments)** or **the partner/director** in a practice or company and you or the practice/company provide accountancy services, you may be required to hold a Practising Certificate and be registered for CIPFA's Practice Assurance Scheme. Full details of the scheme, including a statement on who is covered by the scheme, the application pack and handbook, are available on our website at: <http://www.cipfa.org.uk/practiceassurance/>.

Please be aware that it is every member's responsibility to determine whether or not he or she is engaged in Practice. Any member considered by the Institute to be engaged in Practice but not complying with the regulations shall be liable to disciplinary action by the Institute under the disciplinary regulations.

If you currently hold a CIPFA Practising Certificate and this is no longer required because you are, for example retiring, or intending to cease providing services covered within the Practice Assurance scheme you must confirm this in writing and return the Practising Certificate to the Institute.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Retired Members

Members who have retired from all paid employment or business activity will be granted exemption from the scheme, providing you are not undertaking any voluntary work that relies upon your designatory letters. If you do undertake voluntary work that relies upon your designatory letters please contact CPD for guidance at cpd@cipfa.org.uk or call +44 (0)20 3117 1873.

Career Break and Maternity Leave

Members who take a career break and are not working in any capacity or take maternity leave will be granted exemption from the scheme during that period. You will be required to recommence CPD when you return to work. You should contact the Membership department on membership@cipfa.org.uk or call +44 (0)20 3117 1880 as soon as you know of your return date.

Part-Time/Reduced Working Hours

Members working reduced hours may apply for a reduction to the number of CPD hours they need to undertake. Contact the Membership department.

Upon receipt, consideration will be given to your request and you will be notified in writing of the outcome.

The information given on this form will be used by CIPFA to administer and manage your membership and will be held on our database. From time to time we may send you information regarding CIPFA Group products and services, but CIPFA will not sell or pass on your details to third parties without your consent.

Please complete and return this form to:
Membership Department
CIPFA
3 Robert Street, London, WC2N 6RL

To pay your membership and/or application fee by credit or debit card please complete the details below:

Membership Department
CIPFA
3 Robert Street
London WC2N 6RL



CARD NUMBER

START DATE (*Maestro cards only*)

EXPIRY DATE

ISSUE NUMBER (*Maestro cards only*)

SECURITY CODE

NAME ON CARD

AMOUNT

MEMBERSHIP NUMBER

SIGNATURE OF CARDHOLDER

DATE

If you have any queries about the completion of the form or would prefer to pay over the telephone please contact the Membership department on +44 (0) 20 3117 1880.

Payment can also be made on-line via the CIPFA shop at <http://secure.cipfa.org.uk>. If payment is made by this method please, attach a copy of the order confirmation to your application.

For office use only

Date Requested:

Payment requested by:

Customer Name:

Membership Number:

AR Number:

Invoice Number/Payment Description

Date Processed:

Processed by:

Authorisation Code:

Amount Processed: