

## Application for Reduction in Subscription

PLEASE USE BLOCK CAPITALS

Membership Number

Forename(s)

Surname

Address

Post Code/Zip Code

Home Telephone

Mobile Telephone

Home Email

Year to which Application relates

### A LIFE MEMBERSHIP FOR FULLY RETIRED MEMBERS

I wish to apply for LIFE MEMBERSHIP of the Institute by reason of my retirement on the grounds of ill health and/or my age being 55 years on 1 January in the **year following my retirement**.

I confirm that I undertake no remunerated activities of more than 5 hours per week and have no intentions of returning to such. I will inform Membership department if I do. 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 ANNUAL REDUCED RATE

I wish to apply for the reduction of my subscription to this category of membership because I retired **last year** from 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 confirm that I undertake no, or no more than, 5 hours per week of, remunerated activity but, should this change, I will inform the Membership department.

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 subscription as I have retired/will be retiring before **30 June of this year** from 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 I **will not be undertaking after the date shown below any remunerated activities of more than 5 hours per week** and have indicated below my preference for **the following year's** category of membership.

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

Life Membership

Date of retirement

Fully Retired

Part-time Working

(average hours per week.)

Signature: \_\_\_\_\_

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

**D PART-TIME**

I wish to apply for a reduction of half of my subscription as I have/will be working part-time\* but, should this change I will inform the Membership Operations department.

*\*Part-time is defined as working in remunerated activities for between 5-18 hours per week on average over the course of a year.*

Average weekly working hours

Date effective

Signature: \_\_\_\_\_

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

**E CAREER BREAK**

I wish to apply for a reduction of half of my subscription 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 subscription 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: \_\_\_\_\_

In extreme situations reductions other than those outlined in the previous sections may be considered. If you regard this to be the case, please contact the Membership Operations department on 020 7543 5665 or email [membership@cipfa.org.uk](mailto:membership@cipfa.org.uk) for advice.

## **PRACTICING CERTIFICATE**

If you are **self-employed** or **the partner/director** in a practice or company [or an **Interim Finance Director**] and you 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 Public Practice. Any member considered by the Institute to be engaged in Public 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

## **EXEMPTION FROM CIPFA'S CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

### Retired and Life Members

Members who qualify for the Retired Members or Life Membership Annual Reduced Rate will be granted an exemption from the scheme, providing you are not undertaking any paid or voluntary activities that relies upon your designatory letters. If you do undertake any paid or voluntary work that relies upon your designatory letters please contact the CPD Section for guidance.

### 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 are advised to contact the CPD Section as soon as you know of your date of return.

### Part-Time/Reduced Working Hours

Members working reduced hours may apply for a reduction to the number of hours required in the CPD Scheme. Please contact the CPD Section to advise them of how many hours you work per week so that a reduction may be calculated.

If you have any queries, please contact the CPD Section directly on 020 7543 5706/5724 or email [cpd@cipfa.org.uk](mailto:cpd@cipfa.org.uk). Membership will inform the CPD Section of changes notified on this form.

Upon receipt, consideration will be given to your request and you will be notified in writing of its acceptance, or otherwise, and the year to which it applies.

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 Operations Department  
3 Robert Street, London, WC2N 6RL

### CREDIT CARD PAYMENT DETAILS

To pay the application fee by credit card please complete the details below. You may also pay your annual subscription with the application fee if it is outstanding.



CARD NUMBER

START DATE (*Maestro cards only*)

ISSUE NUMBER (*Maestro cards only*)

EXPIRY DATE

NAME ON CARD

AMOUNT

SIGNATURE OF CARDHOLDER

DATE

*All payments must be made in sterling.*

### FOR OFFICE USE ONLY

#### Current

Grade:

Payment Method:

Balance Outstanding:

Agent:

YES/NO

*(If yes, does it need cancelling?)*

#### Action Required

Grade Change To:

Reduction or Refund to current YES/NO

Year Applicable:

subscription?

Amount:

Letter to be sent:

*(If paying by direct debit include collection schedule)*

Further comments: