

2019 Parental/Family Care Fee Reduction Application

Members can obtain Parental/Family Care status and pay a reduced Member fee if condition 1 and either of conditions 2 OR 3 are met.

I hereby certify: (please select all conditions that apply)

1. I do not perform business valuation and related financial services; as determined by the Institute.
2. I provide full-time care for a child who is under the age of 16 and residing at my home.

From: To:

3. I provide full-time care for elderly or ill family members who are unable to care for themselves.

From: To:

Name of Member:

Signature:

Date:

Internal use only

Date received:

Approved by: Approved Date:

Signature:

**Please submit your form to Judith Roth, Manager, Business Systems and Compliance:
judith.roth@cicbv.ca - Fax 416 977 7066 -
277 Wellington Street West, Suite 808 Toronto, ON, M5V 3H2**