2024 REQUEST FOR DISABILITY WAIVER

Members are eligible for a Disability Waiver and pay a reduced Member fee if they provide documentation from an appropriate licensed medical practitioner that:

1. confirms the diagnosis of the disability and its expected duration; and
2. sets out the impact of the disability on their ability to carry out their employment or professional responsibilities and their ability to earn income there from.

Period of Disability Leave:

From: To:

Name of Member:

Signature : Date :

Please submit your form to Carol Walford, Membership Services Coordinator: carol.walford@cbvinstitute.com- Fax: 416 977 7066
277 Wellington Street We t, Suite 808 Toronto, ON, M5V 3H2

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