2024 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 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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