



2025 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.
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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 West, Suite 808 Toronto, ON, M5V 3H2**