

RETIRED MEMBER APPLICATION

Please complete and return this form via email to info@cpabermuda.bm or fax to (441)295-3121.

Per by-law 46(8) - an individual member shall be exempt from the payment of annual fees and special assessments if the member has attained the age of sixty-five years and is retired and not in regular, daily, gainful occupation on the date upon which any fees and special assessments become payable.

PERSONAL INFORMATION	
Name:	
Address:	
Parish	Postal Code:
Telephone:	E-mail:
Organization from which you are retiring (last employer):	
Effective Date of Retirement (yyyy/mm):	
COMPLIANCE	
<input type="checkbox"/> I confirm that, at the time of this application, I have attained the age of 65 and I am not engaged in, and have no intention to seek or accept regular, daily, gainful occupation.	
<p>I confirm that at the time of retirement, I am a member in good standing and all of my prior dues to CPA Bermuda have been settled.</p> <p>I declare that should my situation change in the future, I will immediately notify CPA Bermuda and apply to have my membership status adjusted.</p>	
EMAIL CONSENT	
<input type="checkbox"/> By checking this box, you agree and consent to receive electronically all communications that we provide in connection with your membership in CPA Bermuda and your use of our services.	
SIGNATURE	
Signature of Member:	Date:
Approved by the Board:	Date:

NOTE: Application must be submitted after the effective date of retirement, not in advance of the expected date of retirement.