



The Waiver of Dues Program is available to all CBA Regular Members in good standing who are unemployed and seeking employment and whose CBA membership was paid in full the previous year.

Membership Number

Name

Address

.....

.....

Telephone

Email

ELIGIBILITY REQUIREMENT

I certify that I am currently a CBA Regular Member in good standing, and that my membership fees were paid in full during the past membership year.

I am currently on a leave of absence due to illness or disability, for the period of

..... TO

I am currently unemployed and actively seeking employment. I am not acting as a consultant or otherwise employed (full or part-time) or engaged in full-time studies.

I understand that I can participate in the Waiver of Dues Program, and that my CBA dues may be waived for a total of up to one year. During that period, I will be billed for my membership dues every four (4) months. I may continue to participate in the Waiver of Dues Program by notifying CBA Member Services of my continued status of "Unemployed".

I agree that I will notify the CBA immediately upon my re-employment.

.....
Signature from Member or Billing Contact

.....
Date

PLEASE RETURN THIS FORM BY MAIL, EMAIL OR FAX TO:

CBA Member Services

500 - 865 Carling Avenue, Ottawa, ON, Canada K1S 5S8

toll free: 1.800.267.8860 | fax: 613.237.0185 | memberservice@cba.org | www.cba.org