



Waiver of Dues Program

The Waiver of Dues program is available to CBA regular members in good standing who is unemployed and seeking employment or on a leave of absence due to illness or disability and whose CBA membership was paid in full the previous year.

Membership Number: _____

Name: _____

Address: _____

Telephone: _____

Mobile: _____

e-mail: _____

Eligibility Requirement:

I certify that I am currently a CBA 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
c/o WOD Application**

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

toll free/sans frais : 1.800.267.8860 | fax/téloc : 613.237.0185 | memberservice@cba.org | www.cba.org