



CIRI RETIREE MEMBERSHIP APPLICATION FORM

Personal Information

Mr. Ms. Mrs. (Please print)

Name:		
Address:		
City:	Prov/State:	Country:
Telephone:	Email:	
Last Date of Employment:		

Apply for Retiree Status

To apply for retiree status, please verify that you meet the requirements listed below.

- I am or have been a member of CIRI.
- I am not currently engaged in any professional activities nor do I plan to be going forward.
- I agree that I will promptly notify CIRI, in writing, if I resume professional activities.
- I acknowledge that I remain obligated to comply with CIRI's code of ethics.

Payment Information

Total Amount: _____ Name on Credit Card: _____

Credit Card Number: _____ Expiry Date (MMYY): _____

Signature

Date

Yes, I consent to receive electronic messages from CIRI.

Please submit this application to Patty MacPherson via email (pmacpherson@ciri.org) or by fax (416) 364-2805. If you have questions please contact Patty MacPherson via the email above or by telephone at (416) 364-8200 x 228.