



Chartered Professionals in Human Resources Reduced Dues Form

CPHR ALBERTA APPLICATION FOR REDUCED MEMBERSHIP DUES

Chartered, Candidate, Associate and General Members may apply for reduced annual membership dues.

Current Chartered, Candidate, Associate and General Members of CPHR Alberta who are unemployed, or on parental leave or temporary medical leave during the membership renewal period (January 1st to February 28th of the given calendar year) may apply for reduced membership dues of that year. Members who qualify will have their applicable dues reduced by 65%.

Payment for reduced dues must be submitted by March 31st of the given calendar year. Members who become unemployed after the dues renewal period will not be issued a partial refund. You may only apply for reduced dues two (2) out of every four (4) year period.

Members approved for reduced dues retain full membership with access to benefits and services. Specifically, Chartered and Candidate members will retain the right to represent themselves as CPHR and CPHR Candidate, respectively.

Please complete this form and provide the required supporting documents specified below. Complete applications for reduced dues must be submitted prior to March 1st of the given calendar year. All completed forms and supporting documentation must be sent to the Office of the Registrar at registrar@cphrab.ca.

Member Information		
First Name:		Last Name:
Tel:		Email:
Membership Type		
<input type="checkbox"/> Chartered	<input type="checkbox"/> Candidate	CPHR Number (if applicable):
<input type="checkbox"/> Associate	<input type="checkbox"/> General	
Address		
Street Address:		
City:	Province:	Postal Code:

Supporting Documentation					
<i>Please provide the following supporting documentation dependent on the basis for your application for reduced dues.</i>					
Parental Leave		Unemployment		Medical Leave	
Letter from employer stating the type and term of leave OR	<input type="checkbox"/>	Service Canada, Record of Employment	<input type="checkbox"/>	Letter from employer stating the type and term of leave OR	<input type="checkbox"/>
Service Canada, Record of Employment	<input type="checkbox"/>			Service Canada, Record of Employment	<input type="checkbox"/>

Member Signature: _____

Date: _____

FOR OFFICE USE ONLY	
Approved on the basis of:	
Approved by Office of the Registrar:	Date: