

## APPLICATION FOR INACTIVE MEMBERSHIP STATUS

### APPLICANT INFORMATION

Name:

Current address:

City:

Province:

Post Code:

E-mail:

Phone:

Fax:

### DECLARATION

I hereby confirm that I understand and meet the following criteria:

**(Please tick or provide details where appropriate)**

I have left insolvency practice and will not be taking on any files in my name or in the name of my firm **or**

There are files remaining in my name or the name of my firm which will be handled as follows:

(please provide a number of files)

I am still billing hours in insolvency work  
(please provide number of hours per month)

I have complied with the minimum Mandatory Professional Development program requirements for  
(please provide last completed year)

During my time as an Inactive Member, my future work will involve:

During my time as an Inactive Member I will work for the firm of

The last insolvency firm I practiced with was

### SIGNATURES

Signature of applicant:

Date:

**ACKNOWLEDGEMENT**

I further understand and accept the following conditions upon being granted an inactive status:

1. The five-year time limit on Inactive Membership will commence from the date upon which my inactive status is approved by the Executive Committee or Board of Directors of CAIRP; and
2. During my time as an Inactive Member, I will not have any of the rights or privileges of a member and will not be able to vote, receive mailings, sponsor articling associates etc. The Association's record of my address, place of employment and other pertinent details will be maintained while I remain inactive and I will inform the Association of any changes to this information; and
3. I will not be able to display my membership certificate nor use my CIRP certification mark; and
4. I will inform the Association immediately upon my return to insolvency practice; and
5. My Inactive Membership in CAIRP will be terminated if I do not reinstate my Membership after the time limit of 5 years has elapsed; and
6. I can reinstate my Membership at any time before my 5 year time limit has elapsed; if I meet the requirements outlined in the 2010 CAIRP Policy on Readmissions which has been provided to me for review prior to signing this application form. In addition I must obtain a copy of the *Statutory Declaration* from the Association, sign and submit said declaration and pay the annual membership fee (A sample copy is attached for information only).
7. I understand that while inactive I do not have to complete Mandatory Professional Development hours however, in accordance with bylaw article 8, when I reinstate myself to full membership I must complete the minimum 20 hours of MPD for the year in which I reinstate myself and meet any other requirements deemed applicable by the Board in compliance with the 2010 CAIRP Policy on Readmissions.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signed: \_\_\_\_\_  
(Signature of Applicant)