



Certified Local Government Manager

Society of Local Government Managers of Alberta

APPLICATION FOR WAIVER PROVISION
As an active certified member (CLGM).

Please complete all information requested on both sides of this application. Please print clearly.

Name: _____
Last First Middle Initial

Present Address: _____
No. Street City Province Postal Code

Phone No.: _____ Facsimile No.: _____ E-mail address: _____

Type of Waiver applied for:

(please check box)

- Unemployed for six months or more. Fee: one-quarter of full dues.
- Family Leave, interruption (minimum of six months) of career due to parental considerations. Fee: One-quarter of full dues for a maximum of five (5) years, consecutively of in total.
- Long-term illness or disability (medically unable to work). Fee: full dues waived upon receipt of a medical certificate.
- Engaged in full-time study at a post secondary institution. Fee: one-quarter of full dues.

Additional Information, Please Print:

Type of Waiver	Last Date Worked	Employer(pesent/last)	Date Expected to Return to Work
1. Unemployed six months or more			
2. Family Leave			
3. Long-term Illness			
4. Educational Leave			
4.1 Name and address of Post Secondary Institution:			

STATUTORY DECLARATION
(Forming part of the Application for Waiver of Dues)

I _____ do solemnly declare that:

1. I am not the subject of an outstanding complaint made in relation to unprofessional conduct, professional misconduct, unskilled practice or any similar matter except as hereunder disclosed.
2. I have never had my name removed for cause from any register of any accountant's institute, society, association, college or similar body in Canada or elsewhere as hereunder disclosed.
3. I have never been convicted of and I am not at present charged with any criminal offense except as hereunder disclosed.
4. I have never made an assignment in bankruptcy, been declared bankrupt or taken the benefit of any statutory provision for insolvent debtors and I am not at present a bankrupt or the subject of a proposal under the Bankruptcy Act or any similar legislation in any jurisdiction except as hereunder disclosed.
5. All information given herein as part of this application for registration is true and complete.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Declared before me at _____ in the Province of _____ this ____ day
of _____, 20__.

Commissioner for Oaths/Notary Public for

Applicant's Signature

Province of: _____

Print name: _____

My Commission Expires: _____

I agree, if this application for waiver of dues provision is approved to continue to observe and be bound by the Bylaws of the Society of Local Government Managers of Alberta, including the Code of Ethics.

_____, 20____

Applicant's Signature

Please return with a cheque in the amount of the waiver requested.

Society of Local Government Managers of Alberta
P.O. Box 308, 4629-54 Ave., Bruderheim, Alberta T0B 0S0
Attention: Linda M. Davies, CLGM

Approved on behalf of the Board:

_____, 20____

Chair

Registrar