

## Annual Declaration Form

### Retired Rate Subscription

I hereby confirm that:

1. I have retired from full time employment
2. I do not receive any income derived from part time work.

I declare that the information contained in this declaration is true and correct. I acknowledge that any false information provided, may lead to disciplinary action being taken against me. *Note 1*

**Name:** \_\_\_\_\_

**Membership no.:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Note 1:* According to the IIA-Australia Constitution Clause 6.7 a member may be expelled or suspended if the Board is of the opinion that there has been unbecoming conduct.