



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

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BULLETIN 03: ANNUAL FEE WAIVER/REDUCTION APPLICATIONS FOR REGISTERED AND ASSOCIATE MEMBERS

REVISED SEPTEMBER 2006

The Council of the Architectural Institute of British Columbia, consistent with the *Architects Act* section 72 and AIBC Bylaw 25, has approved a policy to allow registered members and associate members (both hereinafter referred to as “members”) of the Institute to apply for a reduction or full waiver of annual fees under one of the following specified circumstances:

Application Type	Waiver or Reduction	Maximum Years	Practice Options
1. Financial hardship	Full waiver	2 years out of every 10 years*	Full practice rights. Individual and family income limits apply (\$16,228 and \$20,285 respectively).
2. Family leave	Reduction to \$228.00 plus 6% GST for a full year	2 years out of every 10 years*	May practice part-time but may earn no more than \$7,600 gross per year in order to qualify.
	Full waiver for associate members		
3. Total medical disability	Full waiver	2 years out of every 10 years*	No active income

*Application may be made for any combination of the three categories of waiver. However, applicants will only be eligible for waivers/reductions for a total of 2 years out of every 10 years, regardless of the categories or combination of categories for which application is made.

Please refer to the application form for more details in each case.

The general intent of the policy is to allow members to retain their status and responsibilities for a period of time without requiring them to resign due to personal circumstances and then reinstate at a later date.**

[**Resignation followed by reinstatement with the accompanying fee is an alternative option and may also be utilized by members who have reached the maximum years of allowable waivers or reductions. (Please see AIBC bulletin 02 for reinstatement policy)].

PLEASE NOTE: Continuing Education requirements apply to an individual whose fees have been reduced or waived. Individuals may apply to the Professional Development Board for a reduction in AIBC course fees.

Fee waivers or reductions granted under this policy are annual waivers. Members must apply EACH YEAR for the fee waiver or reduction, to the maximum noted on the application form.

Members who believe they are eligible for a fee reduction or waiver under this policy must fully complete one of the attached forms and forward the application to the Director of Registration & Licensing on or before February 1st each year in order to avoid late payment penalties. All applications will be considered on a strictly confidential basis. If denied, an applicant will be notified by mail and advised a date to pay the outstanding fees without incurring late payment penalties. Denied applicants may also make a written appeal to Council.

Requests for retroactive application of this policy to membership fees of prior years will not be accepted.

Should the applicant's personal and financial situation change during the waiver period, the applicant is required to notify the Director of Registration & Licensing, promptly.



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APPLICATION FOR WAIVER OF ANNUAL MEMBERSHIP FEES DUE TO FINANCIAL HARDSHIP

A registered member or an associate member (both hereinafter referred to as a “member”) may apply for a waiver in the amount of their annual membership fees if they currently are experiencing severe financial difficulty which is anticipated to continue through the period ended December 31.

Fee waivers granted under this policy are annual waivers. A member must apply **EACH YEAR** for this fee waiver, for a maximum 2 years in any 10-year period.

All financial hardship fee waivers will be granted on the basis of projected income and financial condition. Single applicants with a projected gross income of \$16, 228 or less are eligible for the waiver, and married (including common law) applicants with a projected gross family income of \$20,285 or less are eligible for the waiver. (Figures are based on the Statistics Canada Low-Income Cut-Off for individuals and families.) Waiver recipients may be required to submit evidence of actual income for the calendar year at a later date, including relevant income tax returns for self and spouse (if applicable) as well as financial statements of any business of which the member is a full or part owner. They must also agree to a credit check, if required by the AIBC. The relevant accounting period for purposes of calculating business income is the calendar year regardless of the actual year end selected for business purposes.

Should it be determined that a fee waiver would not have been granted based on the **actual** income or financial condition reported, the fee waiver will be rescinded and the recipient will be invoiced for their annual membership fees.

A member who believes they are eligible for a fee reduction under this policy should fully complete the information attached and forward the application to the Director of Registration & Licensing on or **before February 01**. All applications will be considered on a strictly confidential basis by the Director of Registration & Licensing. The Director of Registration & Licensing reviews all waiver requests and based on the facts submitted recommends to Council those requests that should be granted. If denied, an applicant will be notified by mail and advised a date to pay the outstanding fees without incurring late payment penalties. Denied applicants may also make a written appeal to Council.

Please note that there are also fee waivers for total medical disability and members out of the work force on family leave. Forms can be requested from the Director of Registration & Licensing.

The terms of this policy apply only to annual membership fees for the year ended December 31, 2006, and following years. Requests for retroactive application of this policy to membership fees of prior years will not be reviewed or granted. Certificate of Practice Fees will be reviewed upon application and only if the firm is solely owned by the applicant.

DECLARATION

I hereby confirm that the information provided in this application is true, correct and complete, fully reflecting my financial hardship. I agree that the AIBC may process a credit check in order to verify the information contained herein. I undertake to immediately advise the Director of Registration & Licensing, in writing, should the information change. I further undertake to voluntarily remit in full any fees which may be waived pursuant to this application, should my financial circumstances permit me to do so.

Name _____ Licence/Member Number _____
Signature _____ Date _____

FINANCIAL HARDSHIP WAIVER APPLICATION DETAILS

NAME: _____

Qualification Year 20__

1. Details of the circumstances which have caused the financial difficulty are:

2. Employment Status

I am employed by _____

in the capacity of _____

at a salary of _____ per year _____ per month

I have been out of full-time work since _____, _____

Reason for leaving _____

I expect to be employed on a per diem/part-time basis from _____ to _____

Please provide details _____

I have been self-employed since _____

Please provide Details _____

I am unemployed and I will be receiving E.I. from _____ to _____

3. Family Dependents

Marital Status Married Single Common-law Separated/Divorced

Number of Children _____ (please indicate ages) _____

Dependents supported by me (please indicate relationship):

4. EXPECTED GROSS ANNUAL FAMILY INCOME
(JANUARY 1 TO DECEMBER 31, THE CURRENT YEAR)

GROSS ANNUAL FAMILY INCOME

	Member	Spouse (including common-law)	Total
Salary or Wages	_____	_____	_____
Termination Pay	_____	_____	_____
Self-Employment Business Income	_____	_____	_____
Share of Income of Controlled or Related Entities whether withdrawn or not	_____	_____	_____
Director's Fees	_____	_____	_____
Consulting Fees	_____	_____	_____
Disability Receipts	_____	_____	_____
Investment Income	_____	_____	_____
Pension or Annuity Income	_____	_____	_____
Fellowships, Grants or Bursaries	_____	_____	_____
Rental Income	_____	_____	_____
Realized Capital Gains	_____	_____	_____
EI or other Social Assistance	_____	_____	_____
Receipts	_____	_____	_____
Spousal support receipts	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			=====

5. **Family Net Worth** (as at current date _____, 20__)

Assets	Asset Value	Related Debt	Net Value
Short-Term Investments	_____	_____	_____
Long-Term Investments	_____	_____	_____
Home	_____	_____	_____
Other Real Estate	_____	_____	_____
Other Assets (specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

Other Liabilities	Amount Owning
Bank Loans	_____
Credit Cards (specify)	_____
_____	_____
_____	_____
Student Loans	_____
Income Taxes	_____
Loans from Family Members	_____
Other Obligations (specify)	_____
_____	_____
_____	_____
TOTAL	=====
NET WORTH	=====

6. **Financial Prospects**

Estimate of when current financial circumstances might improve (please provide details): _____

7. **Other Relevant Information**

Any other information which I believe to be relevant to the waiver application is as follows: _____



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APPLICATION FOR REDUCTION OF ANNUAL MEMBERSHIP FEES WHEN A REGISTERED OR ASSOCIATE MEMBER IS OUT OF THE WORK FORCE ON FAMILY LEAVE

A registered member or associate member (hereinafter referred to as a “member”) may apply for a reduction in the amount of their annual membership fees to 30% of the current fee per year if:

- a) they are out of the work force on parental leave or caring for a dependant family member, and
- b) their income for tax purposes will consist of less than \$7,600 of gross income from employment or self-employment, based on a 1 year parental leave period (pro-rated at \$633.33 per month for shorter leave periods). Income from Employment Insurance should not be included in the calculation.

Fee reductions granted under this policy are granted for a total of 2 years out of every 10 years.

A member who returns to work in any capacity and earns gross income from employment or self-employment in excess of the maximum allowable amount for the leave period will return to payment of full membership fees immediately. The maximum of \$7,600 per year is based on current member annual fee multiplied by 10.

A member who believes they are eligible for a fee reduction under this policy should complete the information below and forward the application form to the Director of Registration & Licensing **before February 1st**, to avoid late charges. **A member wishing to apply any time during the year following February 1st must have paid their current annual membership fees in full.** They may then be eligible for a refund for the current calendar year and a pro-rated reduced annual fee should the leave period extend into the following calendar year.

The terms of this policy apply only to annual membership fees for the year ended December 31, 2003 and following years. Requests for retroactive application of this policy to membership fees of prior years will not be reviewed or granted.

DECLARATION

I will be out of the work force on family leave between the following dates:

From _____ To _____

I will be caring for the following dependant(s):

DEPENDENT’S NAME	AGE	RELATIONSHIP TO MEMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have and will earn less than \$7,600.00 per year or \$633.33 per month in gross income from employment or self-employment during the above-noted family leave period.

Check ONE of the following four boxes and submit payment as appropriate:

I am applying for a reduction in my annual membership fees for the current year, calculated as follows:

	<u>TOTAL</u>
Full membership fees	\$ _____
Less: reduction based on full year of eligibility	<70%>
Fee for eligible member	\$ _____
GST (6%)	\$ _____
TOTAL REMITTANCE AMOUNT	\$ _____
Amount Enclosed	_____

OR

I am applying for a reduction in my annual membership fees for the current year, calculated as follows:

	<u>TOTAL</u>
Full membership fees	\$ _____
Less: reduction based on partial year of eligibility	_____ (\$44.33 x # months leave)
Fee for eligible member	_____
GST (6%)	_____
TOTAL REMITTANCE AMOUNT	\$ _____
Amount Enclosed	\$ _____

OR

I have paid in full the annual membership fees for the current year and I am applying for a refund for the remaining months of this calendar year and a reduced fee for any part of the leave period extending into the next calendar year.

OR

I am an associate member and am requesting a full fee waiver.

I hereby confirm that the information provided in this application is true, correct and complete. I undertake to immediately advise the Director of Registration and Licensing, in writing, should I return to the work force in any capacity such that my gross income from employment or self-employment exceeds the \$7,600 per year or \$633.33 per month.

Name _____

Licence/Membership Number _____

Signature _____

Date _____



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APPLICATION FOR WAIVER OF ANNUAL MEMBERSHIP FEES DUE TO TOTAL MEDICAL DISABILITY

A registered member or associate member (both hereinafter referred to as a “member”) may apply for a waiver in the amount of annual membership fees if they suffer from a long-term total medical disability, which is anticipated to continue throughout the period ended **December 31**, and which prevents the member from earning any active income.

Fee waivers granted under this policy are annual waivers. A member must apply **EACH YEAR** for this waiver, maximum 2 years out of every 10 years.

A member who believes they are eligible for a fee waiver under this policy should fully complete the information below and forward the application to the Director of Registration & Licensing on or before **February 1**. All applications will be considered on a strictly confidential basis by the Director of Registration & Licensing. The Director of Registration & Licensing reviews all waiver requests and based on the facts submitted recommends to Council those requests which should be granted. If denied, an applicant will be notified by mail and advised a date to pay the outstanding fees without incurring late payment penalties. Denied applicants may also make a written appeal to Council.

Please note that there are also fee waivers for financial hardship and members out of the work force caring for dependents. Forms can be requested from the Director of Registration and Licensing.

The terms of this policy apply only to annual membership fees for the year ended December 31, 2006 and following years. Requests for retroactive application of this policy to membership fees of prior years will not be reviewed or granted.

1. Nature and relevant dates in respect of medical disability (must include letter from physician):

2. How long is the medical condition expected to continue?

3. Will you have income from employment or self-employment during the current calendar year?

4. Other information that the member believes is relevant to the application:

DECLARATION

I hereby confirm that the information provided in this application is true, correct and complete, fully reflecting my total medical disability. I undertake to immediately advise the Director of Registration and Licensing, in writing, should the information change. I further undertake to voluntarily remit in full any fees which may be waived pursuant to this application, should my medical circumstances permit me to do so.

Name _____

Licence / Membership Number _____

Signature _____

Date _____