

From: _____ Date: _____

Affiliate: _____

I wish my designation to be modified as follows: C.Med(Ret) C.Arb(Ret)

As of _____

I confirm that:

- I am fully retired from the workplace and not earning employment or contract income from any sector, and
- I have notified my regional affiliate and will maintain a Retired (or [ADRIA "LINK"](#)) membership as long as I hold the retired designation.

I understand that as a Retiring Chartered Member:

- I must reflect my designation as C.Arb(Ret) and/or C.Med(Ret)
- I need not renew annually, however I must maintain membership with an ADRIIC affiliate;
- I am no longer required to submit CEE reporting forms;
- If I engage in any paid dispute resolution services, I agree to reinstate my full membership and designation.

Signature

Date