

From: _____ Date: _____

Affiliate: _____

I wish my designation to be modified as follows: Q.Med(Ret) Q.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 Qualified Member:

- I must reflect my designation as Q.Arb(Ret) and/or Q.Med(Ret)
- I must continue to paying the nominal annual fee (\$132), however I am no longer required to submit CEE reporting forms and the associated fee;
- I must maintain membership with an ADRIC affiliate;
- If I engage in any paid dispute resolution services, I agree to reinstate my full membership and designation.

Signature

Date