



AMERICAN OSTEOPATHIC ASSOCIATION

142 East Ontario Street, Chicago, IL 60611-2864 ph 312 202 8000 | 800 621 1773

REQUEST FOR DUES REDUCTION/WAIVER - FINANCIAL HARDSHIP

We are happy to consider your request for a dues reduction or waiver. The Bureau of Membership carefully reviews the documentation provided by you and grants dues reductions and waivers as deemed appropriate; however, the Bureau does request some evidence of need. You are also asked to provide a **signed copy of your most recent U.S. 1040 income tax form or your Social Security Administration Statement**. All such information is considered confidential and is only reviewed by the DO's on the Bureau and a select staff member responsible for the preparation of such documents. The Bureau meets at least four times throughout each fiscal year. You will be notified of the Bureau's decision within two weeks of their meeting. Please contact the AOA Customer Resource Center at (800) 621-1773 and press "1", if you have any questions*.

Name:

AOA Number:

Telephone: (____) _____ - _____ Out of Practice Since: _____

PRACTICE STATUS

Please indicate the status of your practice and/or your professional employment:

Full-time practice (20 hours or more per week)

Part-time practice

How many hours per week? _____

Are you engaged in other types of professional employment? Yes No

If yes please explain: _____

Are you currently a member of your state osteopathic association? Yes No

If yes, have you received a reduction/waiver in your state association dues? Yes No

I hereby request that dues for the _____ membership year be:

Reduced to 1/2 the yearly dues rate Reduced to \$104.00

