



AMERICAN OSTEOPATHIC ASSOCIATION
REQUEST FOR DUES REDUCTION/WAIVER - MEDICAL DISABILITY

We are happy to consider your request for a dues 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 **statement of condition signed by your personal physician**. 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: _____

NATURE OF ILLNESS OR DISABILITY

Please provide details of the illness or disability: (PLEASE PRINT OR TYPE)

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

Reduced to 1/2 the yearly dues rate Waived

Applicant's Signature: _____ Date: _____

RELEASE AUTHORIZATION AND ATTENDING PHYSICIAN'S STATEMENT

I, _____, hereby authorize
Member's Name
_____, who is my attending physician, to release
Attending Physician
any information regarding my physical condition, past or present, to the American Osteopathic
Association as part of my application for consideration for a reduction or waiver of dues.

Signature: _____ Date: _____

Date of injury or illness: _____ Diagnosis: _____

Present Status: Partial disability
 Total disability Temporary
 Permanent Temporary
How Long? _____ How Long? _____

Prognosis: _____

In your opinion, will the patient be able to return to practice? _____

Full-time When? _____ Part-time When? _____

Attending Physician's Signature: _____ Date: _____

ATTENDING PHYSICIAN PLEASE RETURN THIS FORM TO:
American Osteopathic Association
Customer Resource Center
142 E. Ontario St.
Chicago, IL 60611
Fax: (312) 202-8206