



Date \_\_\_\_\_

Member ID \_\_\_\_\_ / \_\_\_\_\_ Member Type \_\_\_\_\_

Member E-Mail Address \_\_\_\_\_

# 2011 Dues Adjustment Request Form

*Financial hardship and unemployment/partial employment waivers cover up to one year and may be granted in several consecutive years. Medical disability, sabbatical and family leave waivers are annual and renewable upon request for up to a total of four consecutive years (concluding in the 2011 dues year).*

**Member Information** (Print your name clearly.)

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

I am requesting this dues waiver due to:

- Financial Hardship
- Medical disability
- Sabbatical
- Family leave
- Unemployment/partial employment

As required by AIA Bylaws and Rules of the Board, my written request and reason for this dues waiver are the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Component Use Only (Please return to [aiawaivers@aia.org](mailto:aiawaivers@aia.org))**

The above member is requesting a dues waiver for (membership year) \_\_\_\_\_.

Requesting dues waiver of \_\_\_ percent:

	Local	+	State	+	National	+	Total Dues Amount
Member's current dues are:	_____		_____		_____		= _____
Dues would be reduced by:	_____		_____		_____		= _____
Member's new dues amount is:	_____		_____		_____		= _____

Comments: \_\_\_\_\_

Request approved by: \_\_\_\_\_  
Name & Title \_\_\_\_\_ Component \_\_\_\_\_ Date \_\_\_\_\_

**I certify as the originating Component, I have consulted with the member's other assigned component regarding the Membership Dues Adjustment/Waiver.**

Request approved by: \_\_\_\_\_  
Name & Title \_\_\_\_\_ Component \_\_\_\_\_ Date \_\_\_\_\_

**I certify as the originating Component, I have consulted with the member's other assigned component regarding the Membership Dues Adjustment/Waiver.**

National Secretary's Approval: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_