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| **2021**  **APPLICATION**  **FOR**  **DUES**  **WAIVER**  **\_\_\_\_\_\_\_\_\_\_\_**  **RETURN COMPLETED APPLICATION BY MAIL OR EMAIL TO:**  American Optometric  Association  ATTN: Dues Accounting  243 N. Lindbergh Blvd, Floor 1  St. Louis, MO 63141  Phone: 800.365.2219  Email: DuesAccounting@aoa.org  **\_\_\_\_\_\_\_\_\_\_\_**  PLEASE NOTE:  **THIS WAIVER, IF APPROVED, IS FOR THE 2021 MEMBERSHIP YEAR ONLY.**  *If assistance is needed for prior or future years, a separate form must be submitted. Prior year waivers must be submitted using the appropriate year’s form. Future years cannot be submitted in advance of the dues year. A copy of the approved waiver will be returned upon processing.* | **AFFILIATE OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | |
| **Affiliate Association:** | | | | |  | | | **Prepared By:** | |  | | | | | | | | | | **Date:** |  |
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| **Comments:** | | | |  | | | | | | | | | | | | | | | | | |
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| **MEMBER SECTION** | | | | | | | | | | | | | | | | | | | | | |
| **The following information is to be completed by the MEMBER**  *By my signature affixed below, I attest that the information provided below is factual and does not contain any misleading or incorrect information that would influence the issuance of a waiver or the amount of AOA dues to be waived.* | | | | | | | | | | | | | | | | | | | | | |
| Member Signature: | | | | | |  | | | | | | | | | | | | | | | |
| Date: | | |  | | | | | | | | |  | | | | | | | | | |
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| I, | |  | | | | | | | | | | | | |  |  | | | | | |
|  | | Member name *(please print)* | | | | | | | | | | | | | | AOA ID Number | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| request a dues waiver of AOA dues in the amount of | | | | | | | | | | | | | | $ | | | | |  | | |
| for the 2021 membership year for the following reasons: | | | | | | | | | | | | | | | | | | | | | |
| Financial Hardship | | | | | | | | | Medical / Disability | | | | | | | | Other | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Please provide below a detailed explanation and justification for the issuance of a dues waiver on the attached page. Additional pages can be attached if needed. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **THIS INFORMATION IS REQUIRED IN ORDER TO**  **PROCESS YOUR DUES WAIVER APPLICATION.** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Any supporting documentation should be submitted with this waiver form directly to your affiliated association.** | | | | | | | | | | | | | | | | | | | | | |
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| **Provide below a detailed explanation and justification for the issuance of a dues waiver.** | |
| **(REQUIRED; Attach additional sheets as needed)** |  |
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| **AFFILIATE SECTION** | | | | | | | | | | | | |
| **The following information is to be completed by the AFFILIATE ASSOCIATION** | | | | | | | | | | | | |
| Amount of AOA Dues Waiver Requested: | | | | | | $ | |  | | Amount of Affiliate Dues Waived: | $ |  |
|  | | | | | | A | |  | |  | C |  |
|  | | | | | |  | |  | |  |  |  |
|  | AOA Dues Obligation for 2021: | | | | | $ | |  | | Affiliate Dues Obligation for 2021: | $ |  |
|  | *(before waiver)* | | | | | B | |  | | *(before waiver)* | D |  |
|  | | | | | |  | | | |  |  | |
|  | **PERCENTAGE OF AOA DUES WAIVED** | | | | | % |  | | | **PERCENTAGE OF AFFILIATE DUES WAIVED:** | % |  |
|  | *(before waiver)* | | | | | A ÷ B |  | | | *(before waiver)* | C ÷ D |  |
|  | | | | | |  | | | |  |  | |
| Is the affiliate percentage of dues waived equal to or greater than the AOA percentage of dues waived? | | | | | | | | | | Yes  No |  | |
| *If yes, then this waiver can be submitted to the AOA for approval.* | | | | | | | | | | | | |
| With the signature affixed below, the | | | | |  | | | | | | | |
|  | | | | affiliate association name *(please print)* | | | | | | |  | |
| attests that in accordance with the AOA Bylaws Section 2.F, the affiliate dues amount as indicated on this form have been waived. | | | | | | | | | | | | |
| Affiliate President or Secretary-Treasurer signature: | | | | | | | | |  | | | |
|  | | | | | | | | | |  |  | |
| Date: | |  |  | | | | | | | | | |
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| **AOA OFFICE USE ONLY** | | | | | | | | | |
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| **WAIVER APPROVED:** | | | | | Yes  No | **WAIVER AMOUNT:** | | | $ |
| **REASON:** | |  | | | | | | | |
|  |  | | | | | | | | |
| **Processed by:** | | | |  | | | **Date:** |  | |
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| **Comments:** | | |  | | | | | | |
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