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| **2021****APPLICATION****FOR****DUES****WAIVER****\_\_\_\_\_\_\_\_\_\_\_****RETURN COMPLETED APPLICATION BY MAIL OR EMAIL TO:**American OptometricAssociationATTN: Dues Accounting243 N. Lindbergh Blvd, Floor 1St. Louis, MO 63141Phone: 800.365.2219Email: 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:** |       |
|  |  |  |  |  | mm/dd/yyyy |
|  |
| **Comments:** |       |
|  |
|  |       |
|  |
|  |       |
|  |
| **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: |       |  |
|  | mm / dd / yyyy |  |
|  |  |  |
| 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.** |
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| **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:  |       |  |
|  | mm / dd / yyyy |  |
|  |  |  |

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| **AOA OFFICE USE ONLY** |
|  |
| **WAIVER APPROVED:** | [ ]  Yes [ ]  No | **WAIVER AMOUNT:**  | $      |
| **REASON:** |       |
|  |       |
| **Processed by:** |       | **Date:** |       |
|  |  |  | mm / dd / yyyy |
| **Comments:** |       |
|  |       |