



Request for Dues Adjustment 2014 Dues Year

Date of Application: _____

Name: _____

Local Society: _____ CA License #: _____ Date of Birth: _____

REQUEST FOR DUES ADJUSTMENT: COA, Local Society and AOA Dues

Has member received a dues waiver previously? Yes No

If "Yes" provide dates, duration and amounts: _____

- Waiver requests due to **financial hardship** will be granted for 25% for one calendar year.
- Waiver requests due to **medical illness** or **pregnancy disability leave** will be granted for 50% for one calendar year.

DUES ADJUSTMENT GUIDELINES

- A member may have no more than 2 dues waivers for financial hardship within a 5 year period.
- No member may request a financial hardship dues waiver if they are paying less than 50% of their current dues level.
- A member, who becomes permanently disabled and is unable to practice or teach, may change their member type to "Retired" if the waiver includes a letter from the member's physician stating disabled status.
- The COA Legislative Fund will *not* be included in any waived amount. Members are still responsible for the full \$192 per calendar year.
- A member must be current on their dues or "in good standing" to be eligible to submit a dues waiver.
- A member must continue to pay their dues until waiver is processed to avoid suspension.

To submit a dues waiver request on your behalf for AOA dues, AOA requires a written statement specifically identifying the reasons why you are unable to pay AOA dues. AOA's definition of "economic misfortune" is defined as *a member's inability to pay AOA dues because of extraordinary financial hardship, resulting from external conditions over which the member has no control. (Mode of practice or employment, relocation of practice, or part-time practice are not, in and of themselves, sufficient to be deemed "economic misfortune".)*

Please provide an explanation for your dues adjustment request:

Signature: _____

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