



Date: _____

Member ID: _____

Member Type: _____

Member E-Mail Address: _____

2017 Exceptional Circumstances Dues Adjustment Request Form

Waivers for financial hardship, unemployment/partial employment, medical disability, sabbatical and family leave are annual. A waiver for any of the reasons stated above is annual and renewable upon written request for up to a total of three consecutive years; no waivers will be granted beyond that three-year period except in those instances in which compelling and extraordinary reasons are demonstrated for doing so. Subject to approval by the Secretary of the Institute

Member Information

First	M.I.	Last Name
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I am requesting this dues waiver due to:

- 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:

- Financial Hardship

Provide enough detail and background information to allow the Institute Secretary to fully consider your request. Please use page 2 if you need additional space.

Please tell us how much you are able to pay for your 2017 dues:

For Component use only (Please return to aiawaivers@aia.org)

The above member is requesting a dues adjustment for _____ (membership year).

Requesting dues waiver of _____ percent:

All or any part of the dues or fees must be adjusted in equal proportions across all components owed by a member at any level of membership in the AIA.

	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 an authorized representative of the originating Component, that I have consulted with the member's other assigned component regarding the Membership Dues Adjustment/Waiver.

Return to:
Western Massachusetts AIA/AIA E-mail to membersip@architects.org | Fax: (617) 951-0845

