



**Application for 2010 Dues Exempt Status
For Financial Hardship by reason of
Physical Disability or Illness**

AVMA Office Use Only	
App Recd Date:	_____
Start Date:	_____ End Date: _____

At its November 2002 meeting, the AVMA Executive Board approved a policy that staff may excuse a member from payment of dues “for whom the payment of dues would be a financial hardship by reason of physical disability or illness.” Staff will require a physician’s letter indicating proof of disability each time a member requests this exemption.

Please Print or Type:

Name: _____ AVMA Member #: _____

Address: _____ Phone: _____

City, State, Zip: _____ E-mail: _____

Please attach a letter from your physician indicating proof of disability or illness. Please briefly describe the nature and extent of your disability or illness.

Prognosis? _____

Authorization for Release of Information: I release to the American Veterinary Medical Association (AVMA) the information included with this form concerning health care advice or treatment. This information will be used only to determine my eligibility for Dues Exempt Status for Financial Hardship by Reason of Physical Disability or Illness.

In the event that my eligibility is denied, and I choose to appeal that decision, I authorize the release of this same attached information to the appropriate AVMA governing body with the understanding that to the extent consistent with the appeal process, this information will be treated as confidential. I may revoke this authorization at any time by notifying the AVMA in writing at the address given on this form.

I certify that the information provided in this statement is true and correct.

Member Signature: _____ Date: _____

PLEASE SEND COMPLETED FORM TO:
 American Veterinary Medical Association
 Attn: Membership Division
 1931 N Meacham Rd
 Schaumburg, IL 60173
 Membership Division 1-800-248-2862, ext. 6631
 Fax #: 1-847-303-5669