



**Application for 2012 Dues Exempt Status
For Financial Hardship by reason of
Physical Disability or Illness**
(You must be an AVMA member in good standing
at the time you apply)

AVMA Office Use Only	
App Rec'd Date:	
Start Date: 1/1/2012	End Date: 12/31/2012
<input type="checkbox"/> Approved <input type="checkbox"/> Permanent <input type="checkbox"/> Denied	
Reviewed By:	Date:

Your completed form and physician's letter MUST be submitted no later than MARCH 31, 2012 to be considered for Exempt Dues Status for 2012, and to avoid any interruption of your AVMA membership benefits and services.

AMERICAN VETERINARY MEDICAL ASSOCIATION Policy

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.**

Name (Last, First Name)	Member ID#
Street Address	Phone
City, State, Zip	Email

Please briefly describe the nature and extent of your disability or illness. **In addition, a letter from your physician indicating proof of disability or illness is also required.**

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.

I am currently an AVMA member in good standing. I understand that this Dues Exempt Status is for a one year period (January through December) and that I may reapply and verify my status *each year* in order to continue dues exempt status due to physical disability or illness. I certify that the information provided in this statement is true and correct.

Member Signature: _____ Date: ____/____/____

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.

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

If your dues are not paid in full by March 31, 2012, your membership will be terminated and you will no longer be a member in good standing. Applications for dues exempt status received after March 31, 2012 will only be considered in rare and very specific circumstances on a case by case basis, and only through September 2012.

If you have any questions, please contact the AVMA Membership Division at 1-800-248-2862, ext. 6631.