



**Application for 2012 Dues Exempt Status
For Financial Hardship
by reason of Extenuating Circumstances
(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"/> Financial | <input type="checkbox"/> Volunteer <input type="checkbox"/> Disaster Relief |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Reviewed By: | Date: |

Your completed form 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 "disapprove applications for dues exemption from... any member whose estimated gross income for the year is anticipated to be above \$45,000.00...the member may be given the option to appeal the decision to the Member Services Committee, and subsequently if requested by the member, to the Executive Board."

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

Please describe the nature of your extenuating circumstances:

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Check one of the following:

- Working full-time as a veterinarian
- Working full-time outside of veterinary medicine
- Working part-time
- Not working

| Financial statement for Dues Exempt Status is required: | | |
|---|--|----|
| A. | Adjusted Gross Income from last year (defined as stated on your IRS income tax forms (1040,1040A or 1040EZ) If filing jointly with spouse, enter combined amount. | \$ |
| B. | Estimated Adjusted Gross Income for current year (excluding non-taxable income) | \$ |
| C. | Estimated Non-Taxable Income for current year | \$ |

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 extenuating circumstances. 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
 Fax #: 1-847-303-5669

If you're 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.