



ILLINOIS OPTOMETRIC ASSOCIATION
APPLICATION FOR MEMBER DUES WAIVER

INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE

I hereby request a waiver from the IOA/AOA dues and attest that all information provided for the waiver is true and factual.

SIGNATURE

DATE

In order that your request for dues waiver toward IOA and AOA member dues may be given the appropriate consideration, please supply the following information. Please print.

NAME: EMAIL:

ADDRESS:

CITY/ST/ZIP: SOCIETY:

What percentage of your dues total are you requesting to be waived?

For what year are you requesting a waiver?

How many years have you been in practice?

How many years an IOA/AOA member?

How many hours do you practice a week?

Do you have any other occupation or employment?

If so, please detail

You must include the following with this application:

- A letter (or use back of this form) explaining your reasons for requesting a dues waiver.
If reason for request involves HEALTH ISSUES, please attach a brief physician's statement.
If reason for request involves FINANCIAL ISSUES, you must attach a copy of your current IRS Schedule C, 1099, W-2 or other income verification; a pay stub will serve for part-time employment. The waiver for financial reasons cannot be approved without income verification.

Complete form in full and return to the address below.

Applications are reviewed in a timely matter in order to avoid any delay in member benefits.

ILLINOIS OPTOMETRIC ASSOCIATION
Attn: Charlene Marsh
304 W WASHINGTON ST
SPRINGFIELD IL 62701-1119

Phone: 217-525-8012 / Fax: 217-525-8018

~ MARK YOUR CORRESPONDENCE CONFIDENTIAL ~