

Date:	
Member ID:	
Member Type:	
Member E-Mail Address:	

202(Exceptional Circumstances Dues Adjustment Request Form

Waivers for financial hardship, unemploym above is annual and renewable upon writt those instances in which compelling and e	en request for up to a to	otal of three o	consecutive years; r	no waivers will	be granted beyor	nd that three-year period except in
Member Information						
First	M.I.		Last name			
I am requesting this dues waiver	due to:					
☐ Medical disability [□ Sabbatical		Family leave		Unemploym	ent/partial employment
As required by AIA Bylaws and F	Rules of the Board	, my writte	n request and r	reason for t	his dues waiv	er are the following:
☐ Financial Hardship		, ,	. 1			3
Provide enough detail and backg page 2 if you need additional spa		to allow th	ne Institute Sec	retary to fu	lly consider yo	our request. Please use
Please tell us how much you are For Component use only (Plea						
The above member is requesting	a dues adjustme	nt for _202	4_ (membersh	ip year).		
Requesting dues waiver ofAll or any part of the dues or fees must be	percent: adjusted in equal prop	ortions acros	s all components ov	wed by a mem	ber at any level o	f membership in the AIA.
	Local	State	e	National		Total dues amount
Member's current dues are:		+	+		=	\$
Dues would be reduced by:	\$	+ \$	+	\$	=	\$
Member's new dues amount is:	\$	+ \$	+	\$	=	\$
Comments:						
Request approved by:						
Nam	e & Title		Componen	t		Date
I certify, as an authorized represe	entative of the orig	inating Co	omponent, that	I have cons	sulted with the	e member's other assigned

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 by email aiawaivers@aia.org or fax (202) 626 7574



Additional dues adjustment request detail