

ANNUAL VOA & AOA DUES REDUCTION REQUEST

I _____ request a reduction in my VOA (and related AOA) dues for the calendar year _____. I qualify for a dues reduction under the conditions checked below. I realize that these are guidelines, and that my request will be considered on its own merits. I also realize that dues reduction requests must be received no later than March 1 for consideration at the Board of Trustees' March meeting.

Sections 1, 2, and 3 must be completed for consideration.

Section 1: Dues

Practicing 0-16 hours per week pays 60% active VOA and AOA Dues.

Practicing 17+ hours per week pay 100% active VOA and AOA Dues.

My date of birth is _____. I've been a VOA active member for _____ consecutive years.

Please indicate amount of weekly time in active clinical practice: _____ hours

Section 2: Additional Information

In further consideration of my request, I submit the following information:

Local Society Offices Held _____

VOA Offices Held _____

VOA Committee(s) Held _____

Other Pertinent Information _____

Section 3: Request

I request a dues reduction, so that I pay _____% VOA and _____% AOA.

Certification: I certify that all of the above information is true, and would revoke this request should conditions change. I understand dues reduction requests must be made on an annual basis.

signed _____ date _____ phone _____

address _____ fax _____

_____ e-mail _____

LOCAL SOCIETY ENDORSEMENT MUST BE OBTAINED PRIOR TO FORWARDING DUES REDUCTION REQUEST TO VOA OFFICE.

Local Society Endorsement: Pay _____% VOA and _____% AOA

Society: _____ Comments _____

Signed _____ P VP ST Date _____

VOA Board of Trustees: % to pay VOA _____% to pay AOA _____

Signed _____ S T Date _____