



Date: \_\_\_\_\_

Member ID: \_\_\_\_\_

Member Type: \_\_\_\_\_

Member E-Mail Address: \_\_\_\_\_

### 2023 Dues Adjustment Request Form

Waivers for financial hardship, unemployment/partial employment, medical disability, sabbatical and family leave are annual. Subject to approval by the Secretary of the Institute, they may be renewable for up to a total of three consecutive years.

#### Member Information

First	M.I.	Last Name
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I am requesting this dues waiver due to:

- Medical disability     
  Sabbatical     
  Family leave     
  Unemployment/partial employment

As required by AIA Bylaws and Rules of the Board, my written request and reason for this dues waiver are the following:

- Financial Hardship

Provide enough detail and background information to allow the Institute Secretary to fully consider your request. Please use page 2 if you need additional space.

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Please tell us how much you are able to pay for your 2023 dues:

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**For Component use only** (Please return to [aiawaivers@aia.org](mailto:aiawaivers@aia.org))

The above member is requesting a dues adjustment for \_\_\_\_\_ (membership year).

Requesting dues waiver of \_\_\_\_\_ percent:

All or any part of the dues or fees must be adjusted in equal proportions across all components owed by a member at any level of membership in the AIA.

	Local		State		National		Total Dues Amount
Member's current dues are:		+		+		=	\$
Dues would be reduced by:	\$	+	\$	+	\$	=	\$
Member's new dues amount is:	\$	+	\$	+	\$	=	\$

Comments: \_\_\_\_\_

Request approved by:

_____	_____	_____
Name & Title	Component	Date

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](mailto:aiawaivers@aia.org) or fax (202) 626 7547.



**Additional Dues Adjustment Request Detail**

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