



**ILLINOIS OPTOMETRIC ASSOCIATION
APPLICATION FOR DUES WAIVER**

In order that your request for dues waiver may be given the appropriate consideration, please supply the following information. **ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.**

NAME: _____ LOCAL SOCIETY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

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

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 _____

Along with the above information please include the following:

- A letter explaining your reasons for requesting a DUES WAIVER. (use back)
- If your request for waiver involves HEALTH REASONS, PLEASE ATTACH A BRIEF PHYSICIANS STATEMENT.
- Please attach an actual copy of your current IRS Schedule C - 1099 - W-2 or OTHER INCOME VERIFICATION.

Complete this form in full, sign, date and return to the address as soon as possible. The dues waivers are reviewed in a timely matter in order to facilitate any delay in IOA/AOA membership benefits.

ILLINOIS OPTOMETRIC ASSOCIATION
304 WEST WASHINGTON ST
SPRINGFIELD, IL 62701-1119
217-525-8012 or 1-800-933-7289 - fax 217-525-8018

MARK YOUR CORRESPONDENCE PERSONAL AND CONFIDENTIAL.

SIGNATURE

DATE