



Remit application to:
Fax: (847) 563-4191
Email: memberservices@aapmr.org

NATURAL DISASTER 2018 MEMBERSHIP DUES WAIVER APPLICATION

Criteria: Applicant must be a member in good standing whose home and/or business was devastated by a natural disaster such that it has impacted their ability to pay 2018 membership dues, and therefore, seeks to have his/her membership dues waived for the current year. Specific attestation criteria are that physician's business was closed for an extensive time frame impacting income and/or home was completely lost. Attestation is required below.

Eligibility for this program will be assessed by the AAPM&R Membership Committee; applications are valid for the 2018 membership year only.

Name: _____ Member ID #: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Reason for Dues Waiver request:

_____ *Signature*

_____ *Date*