

REQUEST FOR DUES EXEMPT STATUS



The following information must be filled out and submitted by the physician member. Please print or type information, except where a signature is needed. All requests for dues exempt status will be submitted to the ISMS Board of Trustees for consideration and approval.

Member Name: _____
Address: _____
City/State/Zip: _____
Phone: (____) _____
Email for ISMS materials _____
Signature: _____
Date of Submission: _____

WAIVER FOR CAUSE

This is a one-year request for waiver of ISMS dues. If this needs to be extended for another membership year, another request must be submitted.

Reason for waiver (circle one or more):

- 1) Physician is in ill health
- 2) Financial hardship
- 3) Missionary work

Other:

Effective for membership year beginning 2022

Should you have any questions, please contact the Membership Services Department at (312) 782-1654, extension 1900.

Please return completed form to:

Kris Johnson, Membership Services Department
Illinois State Medical Society
Suite 700, 20 North Michigan Avenue, Chicago, IL 60602
Fax: (312) 782-2023