REQUEST FOR DUES EXEMPT STATUS
OR
REFUND OF MEMBERSHIP DUES

Illinois State Medical Society

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, waiver or refund of dues 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: _____

Request for Dues Exempt Status (check as appropriate):

☐ **RETIRED $50 fee**

Fully retired and does not assume compensated salary.

Effective for membership year beginning

_____

☐ **WAIVER FOR CAUSE**

Provided for only one year; if wished to be extended for another year, request must be resubmitted.

Effective for membership year beginning

_____

Request for Refund of Dues:

☐ **REFUND OF DUES**

No membership dues will be refunded in whole or in part following the January 1st commencement of each membership year. This policy may be waived by action of the ISMS Board of Trustees based upon special circumstances, such as a member's death.

Reason for waiver (circle one or more):

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

Reason for refund:

_____
_____
_____
_____
_____
_____
_____
_____

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