REQUEST FOR DUES EXEMPT STATUS
OR
REFUND OF MEMBERSHIP DUES

Illinois State Medical Society

The following information must be filled out and submitted by a county medical society president, secretary or executive. 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: (_____) _____
ME # _____

County Medical Society: _____
Name and Position of County Officer or Executive: _____
Signature of County Officer or Executive: _____
Date of Submission: _____

Request for Dues Exempt Status (check as appropriate):

☐ **EMERITUS**

Must be age 70 or over and a member for 35 years (effective the year following age 70)

Effective for membership year beginning
_____

☐ **RETIRED**

Fully retired and does not assume compensated salary

Effective for membership year beginning
_____

Request for Waiver or Refund of Dues (check as appropriate):

☐ **WAIVER FOR CAUSE**

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

Reason for waiver (circle one or more):

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

☐ **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 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