Date: _____

Member ID: _____

Member type: _____

Member e-mail address: _____

2027 Dues Adjustment Request Form

Please return by email to aiawaivers@aia.org

Waivers for financial hardship, medical disability, sabbatical, family leave, and unemployment or partial employment are annual. Subject to approval by the Secretary of the Institute, they may be renewable for up to a total of three consecutive years.

The review and processing period may take up to 30 business days. During this time, you may receive renewal reminder emails. Feel free to disregard them.

Member Information

First	M.I.	Last

I am requesting this dues waiver due to:

☐ Medical disability ☐ Sabbatical ☐ Family leave ☐ Unemployment/ partial employment ☐ Financial hardship

As required by AIA Bylaws and the Rules of the Board, my written request and reason for this dues waiver are the following. Provide enough detail and background information to allow the Institute Secretary to fully consider your request. *Please use Page 2 if you need additional space.*

Please tell us how much you are able to pay for your 2027 dues: _____

For Component use only

All membership dues owed by a member must be adjusted in equal proportion across all applicable AIA components.

Approved reduction percentage: 0.0000

	Local		State		National		Total Dues Amount
Member's current dues are:	$ 0.00	+	$ 0.00	+	$ 0.00	=	$ 0.00
Dues would be reduced by:	$ 0.00	+	$ 0.00	+	$ 0.00	=	$ 0.00
Members' new dues amount is:	$ 0.00	+	$ 0.00	+	$ 0.00	=	$ 0.00

Comment: _____

I certify, as an authorized representative of the originating Component, that I have consulted with the member's other assigned component regarding the Membership Dues Adjustment/Waiver.

Request approved by: _____ _____ _____

Name & Title | Component | Date

Additional dues adjustment request detail