OREGON OPTOMETRIC PHYSICIANS ASSOCIATION

4404 SE King Road, Milwaukie, OR 97222-5282
(503) 654-5036, FAX (503) 659-4189
execstaff@oregonoptometry.org

Dues Waiver REQUEST Form

To The Executive Director Date: _____

I do hereby submit application for request of dues waiver, and submit the following information.

Name:_____

Home Address: _____

Phone: _____ E-Mail _____

Clinic Name: _____

Work Address: _____

Phone: _____ Fax: _____

Employment:: self-employed ☐ full time ☐ part time ☐

Dues Waiver Criteria: A members inability to pay AOA/OOPA dues because of extraordinary financial hardship or economic misfortune, resulting from external conditions over which the member has no control.

Please provide an explanation why you are requesting a dues waiver. *Note, status changes may only be made in the first quarter of the calendar year.*

_____

_____

_____

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_____

Applicant's Signature: _____

OOPA/AOA dues are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code as a normal operating business expense of your practice.

_____

Internal Use

Applicant Accepted_____ Rejected_____ Date entered in BOD minutes _____