



Hardship Waiver of Dues Request Form

A current AAID member who is unable to practice dentistry due to an injury or illness or has experienced an office catastrophe that interrupts the practice (e.g., damage from a hurricane, tornado, or fire) is eligible for a dues waiver. Those who wish to apply for a dues waiver must complete this application. All dues waiver requests are treated confidentially.

The Dues Waiver Program operates on an annual basis. Accordingly, participating members will receive invoices the following year for the full dues amount. Participation in the program is limited to two consecutive membership years except in extenuating circumstances.

To request a Hardship Waiver of Dues, please complete page two (2) of this document and send the completed form to membership@aaid.com.



Hardship Waiver of Dues Request Form

Member Information

Full Name:

AAID Member ID #:

Practice/Organization Name:

Mailing Address:

City, State, ZIP:

Phone Number:

Email Address:

Membership Information

Membership Type (General, Associate Fellow, etc.):

Membership Renewal Year Requested:

Reason for Hardship Waiver Request

Please describe your financial hardship. All information will remain confidential.

Duration of Hardship

Expected Length of Hardship:

Anticipated Date of Financial Recovery (if known):

Certification & Signature

Signature:

Printed Name:

Date:

Submission Instructions

Please email the completed form to membership@aaid.com.