

ASSOCIATION APPLICATION FOR REDUCED DUES

Complete all information on this application. Sign, date, mail, email or fax your application to:

Associations North Membership
1970 Oakcrest Avenue, Suite 100
Roseville, MN 55113
Email: membership@associationsnorth.com
Phone: 651-647-6388 | Fax: 651-647-6416

REQUIREMENTS

1. **All association members** who are facing severe financial hardship due to unemployment, low income or other extenuating circumstances may apply.
2. **The reduced dues rate is \$250 for an individual association membership.** Payment options will be emailed upon approval of your application.
3. **There is a three-year limit** on the reduced dues program.

If the request for reduced dues is approved, the rate is for one year only. If financial conditions continue to require the reduced rate, a new request must be made each year. Your application is kept confidential and you will be notified via email

PLEASE COMPLETE THE FOLLOWING

1. Contact Information

Name _____

Organization (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

2. Please give detailed information on why reduced dues are needed.

PAYMENT INFORMATION

Upon approval of your application, we will send an email with online payment instructions.

Signature _____ Date _____

ADMIN USE ONLY

Approved _____

Date _____

Initials _____