



HARDSHIP DUES WAIVER REQUEST FORM

In case of proven extreme financial hardship, payment of annual ACNM membership dues for CNM/CM members may be waived in accordance with ACNM bylaws clause III.D.5.

Waivers of ACNM national dues for extreme hardship will be approved only if the applicant meets BOTH the requirements for one or more of the classifications of hardship waiver and the qualifying conditions for extreme financial hardship. Hardship dues waivers are granted for a 1 year period and may apply only to ACNM national dues. Affiliate dues payment may still be required for membership depending on the policies of your affiliate. Requests for hardship dues waiver must be resubmitted annually and no more than two (2) hardship waivers may be granted to a member. **Request for hardship dues waiver must be received by ACNM no less than 45 days prior to the date of membership expiration.**

This form must be completed by the applicant or a person responsible for the applicant's affairs and must clearly show how the applicant meets the classifications and criteria for hardship dues waiver. A description of the nature and anticipated length of disability is required for waiver requests due to disability.

Applicant Name: _____ ACNM Member ID#: _____

Membership Expiration: _____ I am a: ___ CNM ___ CM

Year Certified: _____

Hardship Waiver Classifications: (please check any that apply)

Currently Working in Midwifery or Women's Health: _____ Involuntary Unemployment: _____
Temporary Disability: _____ Overseas Health Worker: _____

Please describe the nature of your hardship. Include the nature or cause of your hardship, the current duration of the hardship and anticipated end, if known, and any other specifics pertinent to your hardship request.

Household size and annualized household gross income (inc. spouse income) Please attach supporting documentation. (Supporting documentation includes copies of most recent federal tax return, payroll or unemployment statements, investment income statements, loan disbursements, etc.) ACNM reserves the right to request additional documentation as needed.

Household Size: _____ Annualized Household Income: \$ _____

State of Residence: _____

I certify that the information included above is accurate to the best of my knowledge.

Member Signature (or guardian)

Date