

DUES ADJUSTMENT FORM

Please complete this form if you need to pay less than your invoiced Membership Dues amount.

OR FILL OUT THIS FORM ONLINE AT ASBI.ORG/DUESADJUSTMENT

ASBI is committed to making accommodations that respect the financial capacity of our individuals and families. **No one will be denied membership due to financial circumstances.** Dues Adjustments happen on an annual basis; even if you have been granted an adjustment in previous years, you must submit a new request for the current year (beginning July 1, 2020 and ending June 30, 2021).

All forms will be reviewed by a 3-person "Dues Adjustment Committee." This is a confidential process - names are removed before forms are reviewed by the committee. A response to your request will be sent via email; it may take 1-3 weeks. Once your dues amount is finalized, you will be expected to immediately make your payment or set up your payment plan.

****PLEASE COMPLETE ALL 4 SECTIONS. WE CANNOT APPROVE FORMS WITH MISSING INFORMATION.****

1. YOUR INFORMATION

Date: _____ Name(s): _____ Email(s): _____

2. MEMBERSHIP TYPE FOR WHICH YOU WERE BILLED

PLEASE CIRCLE ONE:

Student	Student Family	24 & Under Individual	Individual	New Individual	Family	New Family
\$255	\$480	\$515	\$895	\$450	\$1,775	\$890

3. YOUR REQUEST

3a. I/We request to pay this adjusted total dues amount for the 2020-2021 membership year: \$ _____

To be paid by: Credit Card Check/ACH Credit Card Payment Plan Check Payment Plan (bank checks or ACH)

For Payment Plans: Number of payments (limit of 10): _____

For Payment Plans: Start date (all payments must be completed prior to June 30, 2021): _____

For Payment Plans: Payment frequency (monthly, bi-monthly, quarterly, or bi-annually): _____

3b. (REQUIRED) Please explain why you need this dues adjustment:

4. CONFIRMATION

I understand that I will not be in good standing until I have made a payment or set up a payment plan upon approval of my Dues Adjustment Request. I understand that these arrangements are for the 2020-2021 membership year only.

Signature: _____

Return this form to: 540 West Melrose Street, Chicago, IL 60657 Email: office@asbi.org Fax: (773) 248-5001