



DUES WAIVER/REDUCTION REQUEST

Organization: _____

Address: _____

Contact: _____ Title: _____

Phone: _____ Email: _____

Committee you are interested in joining: _____

Dues Waiver / Reduction Request for calendar year _____

We are requesting: (check one)

_____% reduction of dues

full waiver of dues

Reason for request:

If this request is granted, the organization agrees to be assigned to and actively participate in a subcommittee of the coalition.

Signature

Title

Date