



APPLICATION FOR LIFE MEMBERSHIP OR DUES REDUCTION

Upon request, any Full Member of the Fairfield County Medical Association may become a Life Member or receive a dues reduction under the following criteria:

The following physicians are exempt from the payment of membership dues – please mark the appropriate category:

- _____ (a) Disabled physicians regardless of age who are prevented from practicing medicine because of their disability
_____ Disability is temporary _____ Disability is permanent
- _____ (b) Physicians not yet 65 years old, who are fully retired and not gainfully employed, but who provide at least 30 hours of pro bono medical care each year, either locally or abroad. Documentation must be provided.
- _____ (c) Physicians 65 years and older, who are fully retired and not gainfully employed, whether or not they are engaged in the provision of pro bono care (Effective 1st January following 65th birthday.)
- _____ (d) Physicians 75 years and older even if they are in active practice (Effective 1st January following 75th birthday.)

The following physicians will receive specific dues reductions – please mark the appropriate category:

- _____ (a) Physicians working 20 hours or less per week **and** are over the age of 65, will be required to pay 50% of the regular dues.
- _____ (b) Physicians not yet 65 years of age who are fully retired will be required to pay 20% of the regular dues.
- _____ (c) Other Types of Hardships: **Upon approval by the county medical association**, the following instances may also be eligible for exemption or reduction in dues:
- _____ Active military duty – automatic exemption
- _____ Financial Hardship
- _____ Family Leave
- _____ Leave of Absence
- _____ Maternity Leave

Physicians are required to submit an annual statement on a form acceptable to the Association attesting that they have met the above requirements for dues exemption or reduction.

SIGNATURE: _____ PRINT NAME: _____

EMAIL: _____

CURRENT MAILING ADDRESS: _____

LOCATION OF PATIENT MEDICAL RECORDS IF APPLICABLE: _____

DATE OF RETIREMENT OR DISABILITY: _____