ADA SUNRISE ROTARY CLUB

Dues Assistance & Waiver Application

Applicant Information:

Full Name: _____

Preferred Contact Information: _____

Membership Status: □ Active □ Student □ New □ Other: _____

Requested Information:

Requested Assistance: □ Full Waiver □ Partial Waiver □ Deferred Payment: _____

Length Requested: _____

Estimated Date to Resume Dues Payments: _____

Reason for Request (Optional):

This section is included to assist the Board in conducting an objective review of applications and ensuring decisions are based on documented circumstances and established criteria.

□ Temporary Financial Hardship
□ Educational Expenses
□ Unexpected Personal Expenses
□ Family Obligations
□ Employment Change or Income Change
□ Medical-Related Expenses
□ Emergency Event

□ Other: _____

Confidentiality Statement:

Information submitted will be reviewed confidentially and used only to evaluate dues assistance.

Certification:

I certify the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____