

## Membership Fees & Assessments Waiver Request

### **WAIVER INFORMATION**

The annual membership fees and assessments may be waived for members in **active** U.S. military service, the Peace Corps, VISTA or other volunteer programs serving the national interest or the legal profession, and for which the member receives only a subsistence income, stipend or expense reimbursement that is the member's principal source of income. **Section membership fees are not eligible for the waiver.**

Requests for waivers **must be submitted annually**, and are **due January 31** of the year for which it is granted. Waivers for members serving in any branch of the military will be granted regardless of the lawyer's length of service in the military for the year the waiver is granted. A copy of the member's current orders or other documentation certifying active military service is required.

For members requesting a waiver due to their service in the Peace Corps, VISTA or other volunteer programs, the waiver will be granted if the lawyer's service encompasses the majority of the year **and** meets the criteria for the other waivers category.

**Waivers will not be granted without the accompanying documentation and signature.**

NAME: \_\_\_\_\_ BAR #: \_\_\_\_\_

MEMBERSHIP FEE YEAR: \_\_\_\_\_ MEMBERSHIP FEE AMOUNT: \$ \_\_\_\_\_

SERVICE START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SERVICE END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

WAIVER TYPE (please check applicable box):

- Military (WM) All Branches – Branch: \_\_\_\_\_  
(Copy of current orders or other documentation certifying your active service is required)
- Peace Corps (WP) – Stipend: \$ \_\_\_\_\_ (Stipend documentation required)
- VISTA (WV) – Stipend: \$ \_\_\_\_\_ (Stipend documentation required)
- AmeriCorps (WA) – Stipend: \$ \_\_\_\_\_ (Stipend documentation required)
- Other (WO) - Stipend: \$ \_\_\_\_\_ (Stipend documentation required)

Organization Name: \_\_\_\_\_

Description of Organization & Nature of Services Provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify any stipend or remuneration received is my principal source of income. (Check box is applicable for AmeriCorps, VISTA, Peace Corps and Other waivers only).

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

\_\_\_\_\_  
Member Signature (required for processing ALL waivers)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Questions:** Please contact the bar's Accounting Dept. at [accounting@osbar.org](mailto:accounting@osbar.org), or call the bar office at (503) 620-0222, extensions 302, 304 or 305. Waivers may be scanned and submitted electronically **IF you ensure your social security number is covered** prior to scanning the document. Please do not mail a confirmation copy if faxing or submitting your waiver electronically.

**Mailing Address:** Oregon State Bar, PO Box 231935, Tigard, OR 97281-1935

**Fax:** (503) 598-6924

**E-mail:** [accounting@osbar.org](mailto:accounting@osbar.org)