



## Application for Dues Waiver Due to Retirement

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

Member number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Are you planning to relocate and change your address? (circle one response)

Yes      No

If **yes**, please indicate your change of address/phone and/or other contact information:

Address:

City, State, Zip:

Phone:

Email:

Please select one option (circle one)

**Option A** – Continue my membership **WITHOUT** print copies of *Anesthesiology* and ASA NEWSLETTER. – Full dues waiver

**Option B** - Continue my membership **WITH** print copies of *Anesthesiology* and ASA NEWSLETTER. Partial dues waiver - **Please include the Discounted Subscription Fee: \$50.**

If you are a Diplomat of the American Board of Anesthesiology and are requesting Retirement status with the ASA, you should also consult the ABA website at <http://www.theaba.org/Home/notices> for important information about your diplomat status as a retired anesthesiologist.

**Please return the application and include \$50 Fee if Option B was selected to:**

American Society of Anesthesiologists  
520 N. Northwest Highway  
Park Ridge, IL 60068