



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