

LSA

Membership Fee Waiver Request Form

Name: _____

Email: _____

I am: renewing my membership

a first-time member

I request a membership fee waiver for the current year on the following ground(s):

I am a scholar in a country in which the LSA membership fee constitutes an out of reach cost

I have earned my Ph.D. within the past year

I am a student or teacher in a primary or secondary school setting (K–12)

Paying the regular membership fee would constitute a financial hardship

Please note that extreme economic hardship includes, but is not limited to, the following: 1) Currently qualifying for food stamps, temporary assistance to needy families, unemployment benefits, Medicaid, or other federal financial assistance based on economic need. 2) Currently qualifying for a federal Pell grant or other student grant program based on economic need. Note: student loans are not grants. 3) Currently qualifying for local, state or other financial assistance programs administered by a government agency or private charity.

I am attaching documentation in support of my application for a membership fee waiver

With my signature below, I affirm that the above statement is accurate and true. I understand that misrepresentations on this form may result in a loss of the waiver and other such membership privileges as appropriate.

Signed,

Signature

Date

Name