



SEAWOLF HA(L)-3 Association



APPLICATION FOR WAIVER OF DUES FOR REASON OF DISABILITY

From: _____
(Printed Name)

To: Seawolf Association

Subj: Waiver of annual dues for reason of disability

1. I am 50% or more disabled as determined by (Check all that apply):

- ☐ VA
☐ US Navy
☐ Other (Specify) _____

and;

2. This disability is:

- ☐ Permanent
☐ Temporary—(Enter date condition _____)

and;

3. I have been disabled since (date) _____

*Don -
Can you think of any
additional info we
would need?
The Don*

I hereby certify that the above information is true and correct to the best of my knowledge and belief and, in accordance with the provisions of the Seawolf Association By-laws, I request a change in status from **Dues Paying Member** to **Disabled Member**. I further understand that I shall retain all privileges and voting rights as a member in good standing. Should my condition change substantially so that I am no longer eligible for this waiver, I will immediately notify the Seawolf Association in writing of that change and the effective date thereof.

Signature _____

Date _____

Approved by / Title _____

Date _____



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