



# 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?  
AB  
Don

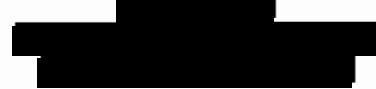
I hereby certify that the above information is true and correct to the best of my knowledge and belief and, in accordance with the provisions of the Seawolf Association By-laws, I request a change in status from **Dues Paying Member** to **Disabled Member**. I further understand that I shall retain all 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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