HARDSHIP WAIVER OF ANNUAL MEMBERSHIP FEE/LATE FEE

Annual membership fees are payable on or before February 1 each year. Members may apply to the Chief Executive Officer/Executive Director of the State Bar for a full or partial waiver of the membership fee for reasons of personal hardship. Both the grant or denial of an application shall be reported to the Board of Governors. The Board shall review all denials. (Rule 32(c)(7), Ariz. R. Sup. Ct.). Absent extenuating circumstances, requests received after May 15th will not be considered.

Personal hardships exist when a member is unable to pay his/her membership fee because of a medical or financial hardship beyond their control or are active military. Examples of such hardships include:

- **Financial hardship** – due to unemployment; time out from practice for family or health reasons; low income based upon extraordinary practice or business losses.
- **Medical hardship -** serious health issue(s) resulting in extraordinary medical expenses or inability to work
- **Active Military** - A State Bar member, serving on active duty in the United States Military in an assignment *outside* the United States for a cumulative period of at least three months during the calendar year for which the bar fee is due, is deemed to have a personal hardship warranting an automatic waiver of membership fees.

The following circumstances are *NOT* considered a personal hardship: 1) failure of the member to calendar the filing deadline; 2) failure of the member to promptly notify the State Bar of a change in the member's contact information; or 3) the member's delegation of the responsibility to file to another person who failed to timely file on behalf of the member. The Bar is under no obligation to ascertain whether a member did or did not receive reminder emails or other communications from the Bar.

To request a hardship waiver of the Annual Membership Fee:

- **File the 2027 Annual Membership Fee Statement**
- **Complete the application (page 2 of this document)**
- **Provide a written statement outlining the circumstances upon which the waiver request is based. (please do not send medical records) For members applying for a waiver based upon active military duty, please provide a copy of your military orders.**
- **Sign and date the application**

Complete application packages may be mailed or sent via email (preferred method) to:

membershipfee@staff.azbar.org

Or by mail:

Membership Administration & Services Manager
State Bar of Arizona
4201 N. 24th Street, Suite 100
Phoenix, AZ 85016-6266

Incomplete applications OR applications submitted without filing the 2027 Annual Member Fee Statement will not be processed. Members will be notified by email as soon as possible confirming or denying the request.

Absent extenuating circumstances, waivers are limited to two consecutive membership years.

STATE BAR OF ARIZONA

APPLICATION FOR HARDSHIP WAIVER OF 2027 ANNUAL MEMBERSHIP/LATE FEE

MEMBER INFORMATION:

Member Name: **Bar Number:** **Year of Admission:**

Membership Status: ☐ Active ☐Inactive ☐Retired **City**: **State**:

2027 Annual Fee Statement Filed ☐ Yes ☐ No **(If you have not filed, you must file your statement before your request will be processed.)**

TYPE OF PERSONAL HARDSHIP:

☐ Financial ☐ Medical ☐ Active Military Duty - outside the United States

TYPE OF WAIVER REQUESTED:

Membership Fee

☐ Full membership fee waiver requested ☐ Partial membership fee- Amount requested:

Late Fee – if applicable

☐ $100 Late Fee ☐ $200 Late Fee ☐ Partial Late Fee - Amount requested:

PREVIOUS WAIVER REQUESTS:

Membership Fee: ☐ Y es ☐ No **Late Fee:** ☐ Yes ☐ No
If YES, indicate the year(s) of the request(s) and whether request(s) was granted:

Required for processing ALL waivers: On a separate sheet, submit a printed statement outlining the circumstances upon which the waiver request is based (please do not hand write).

_____ _____/_____/_____ Date
Member Signature (required)

CHECKLIST:

2027 Statement Filed ___ Written statement included ___