

MEDICAL WAIVER

Request for Waiver of 2020 Dues Termination Fee

Waivers of termination fees will be considered if severe financial hardship arises due to a critical or terminal medical issue for yourself, or a family member living with you and under your care, which delays making your annual dues payment by the January 31st deadline. Medical waivers apply to termination/reinstatement fees only. Waivers of annual dues cannot be considered and must still be submitted in full prior to consideration of this waiver request.

To request a termination fee waiver, please complete this form and submit to PMAR at the address above, email to membership@pmar.org, OR fax to 503-228-4170, Attn: Membership Services.

QUESTIONS? Please contact Membership Services at 503-228-6595.

I, _____
Please print your name

of _____
Firm Name Contact phone number

hereby apply for a medical waiver of termination fee, in the amount of \$100, in consideration of the following:

Signature and certification of request by PMAR Member:

Signature

Date

Certification of request by Principal Broker:

The undersigned certifies that this request, made by the above named broker associated with my firm/branch is accurate, and requests this medical waiver of termination/reinstatement fee be granted.

Signature

Date

NOTE: Completed medical waiver forms will be reviewed by appropriate PMAR personnel, are subject to approval by the PMAR Board of Directors, and are private and confidential.

Misstatement of the above information may be cause for suspension and/or termination of Realtor® membership.

