

**ILLINOIS GOVERNMENT FINANCE OFFICERS ASSOCIATION
APPLICATION FOR DUES REDUCTION
FOR SPECIAL DISTRICTS AND SPECIAL CIRCUMSTANCES**

Please complete this application to request a reduction in the annual dues for the IGFOA. Email the completed application and a copy of your organization's most recent annual financial statement to the IGFOA's Executive Director, Diane Gillian Lantz, execdir@igfoa.org. The application and annual financial statement will be reviewed by the IGFOA's Membership Committee.

Name: _____ Title: _____

Taxing Body: _____ Full Time: _____ Part Time: _____

Address: _____

City/Village: _____ Zip Code: _____

Email Address: _____ Website: _____

Office Phone: _____ Cell Phone: _____

Population: _____

What economic/financial or other factors should the Membership Committee consider in assessing your need for the reduction in dues? _____

I do hereby attest that the information submitted with this application is true and correct to the best of my knowledge.

Signature of Applicant: _____

Date: _____