

CONFIDENTIAL
Request for Membership Dues Waiver
Kentucky Bar Association
Pursuant to SCR 3.040

NAME: _____ KBA BAR #: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Check the appropriate box for the type of waiver for which you are applying. Please note the detailed information you will need to provide based on which type of waiver you are requesting.

Medical Waiver

- Written request asking for the waiver.
- Documentation from your examining licensed qualified health care provider stating that you are currently unable to practice law due to your condition.

Financial Waiver

- Written request asking for the waiver. Give as much detailed information as you can provide to support your request.
- Supporting documents (i.e., tax returns, bank statements, itemized income and expenses, etc.).

Military Waiver

- Written request asking for the waiver.
- A copy of your orders that shows active duty in the armed services of the United States of America during the fiscal year
- Any member of the association shall be relieved of the payment of dues for any fiscal year in which the member serves actively in the armed services of the United States of America. The annual waiver of dues shall also apply to members who are spouses of active duty military servicemembers.

I hereby certify that the attached information is accurate to the best of my knowledge.

Date

Printed Name

Signature