

# Benefits Extension for Unemployed Members Form

APICS understands that it can be difficult to afford membership dues while searching for employment. To help ensure that your APICS membership continues, the APICS Board of Directors established a dues waiver policy for unemployed members. Members approved for this waiver will receive electronic membership for the duration of the waiver, which entitles you to electronic communication of all member benefit materials. All other member benefits will remain the same including voting privileges, the ability to hold elected office and serve on committees, local chapter membership, training and certification exam registration at membership discounted rates, and eligibility for certification maintenance points.

APICS corporate sends dues reminders to each member on his/her anniversary month. The dues notice includes both corporate and chapter dues. Payment is due within 30 days of billing. If, at the time of billing, the member is unemployed and actively seeking work within the APICS business sector, his/her membership may be extended for a six-month period at no cost.

The member may apply for the extension through the local chapter, which must approve the request and waive the chapter dues assessment. If the member remains unemployed at the end of the extension period, he/she may apply for an additional extension. Total extensions will be limited to three for a total of 18 months membership without assessed fees.

To request an extension of benefits due to unemployment, submit this completed form to APICS corporate within 30 days after membership expiration date. The form must be signed by the member and approved by the member's chapter president. (For complete rules, see page 2 of this form.)

## Statement of Authority:

\_\_\_\_\_  
(Print member name here)

\_\_\_\_\_  
(Member number - Required)

has applied for a six-month extension of membership benefits, due to unemployment status. On behalf of the

\_\_\_\_\_chapter, I  
(Chapter name)

\_\_\_\_\_  
(Chapter president's name)

hereby approve the request and waive my chapter's dues for this member for a six month period.

\_\_\_\_\_  
(Member Signature/Date)

\_\_\_\_\_  
(Chapter President Signature/Date)

## Return completed form to:

Attn: APICS Chapter Relations  
Fax: (773) 639-3007  
E-mail: [chaprel@apics.org](mailto:chaprel@apics.org)  
8430 West Bryn Mawr Avenue  
Suite 1000  
Chicago, IL 60631  
Phone: (800) 444-2742 or (773) 867-1777



# Unemployed Member Benefit Extension Criteria

## 1. CRITERIA FOR UNEMPLOYMENT STATUS ACCEPTANCE

- a. The member must be actively seeking employment within the APICS business sector.
- b. Retirees or buy-out participants are not eligible.

## 2. APPLICATION/VERIFICATION PROCESS

- a. The member must apply for the extension in writing to his/her chapter president and include a copy of the dues renewal notice.
- b. Each chapter must determine its own method for verifying the member's status.
- c. Membership extension authority must be in the form of a letter (or this form) to the APICS Membership Division from the chapter president or a designated chapter officer. It must include a statement of authority, the member's name, and membership number and must be accompanied by a copy of the member's dues renewal notice.

## 3. TIMING

- a. All statements of authority must reach APICS corporate within 30 days after the membership expiration date.

*- For APICS Use Only -*

Received \_\_\_\_\_ Completed \_\_\_\_\_