

Benefits Extension for Unemployed Members Form

APICS understands that it can be difficult to afford membership dues while searching for employment. To help ensure continuation of your APICS membership benefits, 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.

The APICS corporate office 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, a 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 must 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. An application must be completed with each extension request. 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 **no later than 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) (Membership Expiration Date-Required)

has applied for a six-month extension of membership benefits, due to unemployment status. On behalf of
the _____ chapter, I _____
(Print chapter name) (Print 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)

(Member E-mail)

Return completed form to:

Attn: APICS District and Chapter Services
Fax: (773) 639-3007
E-mail: chaprel@apics.org
8430 West Bryn Mawr Avenue, Suite 1000
Chicago, IL 60631
Phone: (800) 444-2742 x 5436 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, students, consultants, 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. (If you are the chapter president requesting the extension, the signature of another chapter officer is required as approval).
- 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/email (or form #01080) to APICS District and Chapter Services from the chapter president or a designated chapter officer. It must include a statement of authority (Benefit Extension Form) from the chapter officer, the member's name, and membership number and must be accompanied by a copy of the member's dues renewal notice. Please update your current contact information (address, phone, email) on your dues renewal notice or under your profile on the APICS website.

3. TIMING

- a. All completed extension request forms must reach APICS corporate office **within 30 days of the membership expiration date.**

- For APICS Use Only -

Received _____ Completed _____