

## Appendix H — Hardship Form

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

Cause of hardship (unemployment, family issue, other)

I, the undersigned, request to be allowed to continue as a member without payment of dues. I understand that this is contingent on Board approval, and on what terms and conditions may be imposed by the Board.

Mitigation Efforts: (Application for KidSport and / or Jumpstart, seeking a sponsor, other)

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Relief Start: \_\_\_\_\_

Planned End: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Board Approval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Terms and Conditions: (volunteer work, non-rostering, other)

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Actual End: \_\_\_\_\_