

## **SCDM Membership Hardship Policy**

The Society for Clinical Data Management recognizes that unemployment may result in financial hardship and leave members unable to pay their regular SCDM dues.

We believe that your membership in SCDM is never more valuable than when you are seeking new employment. Our career center, networking opportunities and education programs are valuable resources during these times of transition.

Pursuant to this belief, SCDM will waive up to one year of membership dues for members who encounter economic hardship due to loss of employment.

To qualify for a dues waiver, members must meet the following criteria:

- Demonstrate a period of unemployment extending at least three consecutive months prior to the date of application
- Be a full member in good standing of SCDM for at least three consecutive years prior to the date of application

Recipients of a dues waiver will be contacted quarterly by SCDM staff for an update on employment status. At the time that employment is attained, members may be invoiced for prorated dues through the end of the year.

Members who meet these criteria and wish to request hardship assistance should complete and sign the attached application and return it to the SCDM administrative office at [info@scdm.org](mailto:info@scdm.org), +32.2.740.2237 or 300 Avenue de Tervueren – 1150 Brussels, Belgium

As with dues paid under normal circumstances, memberships are not transferable or refundable. If the member account is not updated or renewed within a year, membership will lapse and will be subject reinstatement requirements.

Questions? Please contact the SCDM administrative office at [info@scdm.org](mailto:info@scdm.org)

## SCDM Membership Hardship Application

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please verify that you meet the following criteria:

Y / N      Currently unemployed?

Y / N      Unemployed for at least three consecutive months?

Y / N      SCDM member for at least three consecutive years?

Previous Title: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Date of Job Loss: \_\_\_\_\_

I certify that the information provided above is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR SCDM OFFICE USE ONLY

Date processed \_\_\_\_\_ Approved?    Y/N      Staff Initials \_\_\_\_\_

Notes:

#### Follow-up:

<b>Q1</b>	Continue?	Y/N	iMIS	Y/N	Staff Initials	_____
<b>Q2</b>	Continue?	Y/N	iMIS	Y/N	Staff Initials	_____
<b>Q3</b>	Continue?	Y/N	iMIS	Y/N	Staff Initials	_____
<b>Q4</b>	Continue?	Y/N	iMIS	Y/N	Staff Initials	_____