



Alternative Payment Application

BNN's membership and workshop fees support our ability to provide services to all Boston residents and non-profit organizations. Fees are not intended to exclude participation by anyone with financial constraints that prohibit full payment. We offer two alternatives to those with limited income. *Eligibility verification required for fee reduction (see reverse).*

1. Deferred Payment Plan

Membership

The fee for Access Membership may be paid in two equal installments:

- The first payment is due on date of signup or renewal i.e. first day of the membership year.
- The second installment is due 6 months into membership year.

Both payments must be received on time for access privileges to be extended.

Workshops

Workshop fees of \$25 or more may be paid in two equal installments:

- Half due at registration
- Half upon completion
- Workshop books are priced roughly at cost, and must be paid in full when registering.

Both registration payments must be received before being certified as having completed the workshop.

2. Fee Reduction *Eligibility verification required for fee reduction (see reverse).*

Those unable to afford full payment over an extended schedule may apply for fee reductions as follows:

- Senior Citizens (65 and over) can apply for a reduction of up to seventy-five percent on their Full membership fee.
- Students (under 18) can apply for a reduction of up to seventy-five percent on their Full membership fee.
- Limited income applicants can apply for a reduction of up to seventy-five percent on their Full membership fee and up to fifty percent on classes over \$25.

Please fill out this form to apply for alternative payment.

Name: _____

Home Address: _____

Mailing Address (if different): _____

Home Telephone: (____) _____ Business Telephone: (____) _____ Pager/Voicemail: (____) _____

E-mail address: _____ Birth Date (if under 18 or over 64): ____/____/____

- I am a Senior Citizen (65 and over, age verification attached)
- I am a Youth (under 18, age verification attached)
- Limited income (eligibility verification attached)

Applicant hereby warrants and represents that the information supplied and statements made above are true and applicant has not omitted or misrepresented any relevant information.

Signature _____ Date ____/____/____

Print Name and Signature of Parent or Guardian, if applicant is less than 18 years of age

Print Name

Signature

Which payment alternative(s) are you applying for?

Fee reduction _____

Deferred payment _____