

Ohef Sholom Temple
Dues Adjustment Form 2018-2019

Any information you provide will be kept confidential.

| | | |
|---------|---------------|-------------------|
| Adult 1 | Date of Birth | Employed (YES/NO) |
| | | Military (YES/NO) |
| Email | Home Phone | Cell Phone |
| Adult 2 | Date of Birth | Employed (YES/NO) |
| | | Military (YES/NO) |
| Email | Home Phone | Cell Phone |

Dependents:

| | | | | | |
|------|-----|------|-----|------|-----|
| Name | Age | Name | Age | Name | Age |
| Name | Age | Name | Age | Name | Age |

Please check a box, circle yes/no where applicable, and use the space below to explain your reasons for requesting a dues adjustment. (If additional space is needed, use the back of the form.)

- Change in marital status
- Pay full dues at another Temple
- Full Time Student
- Young Professional
- Change of family income (please explain) _____

- Significant hardship (please explain)

- Other (please specify) _____

**Please let us know if we can be of assistance with any of these issues.
We have many resources to help.**

2018-2019 Membership
Single \$1,345
Family \$2,000

Amount of dues you are requesting to pay monthly: _____

Please return your completed application to:
membership@ohesholom.org or fax to 757-625-3762.