



Application for Dues Adjustment 2019-2020

Any information you provide will be kept confidential.

_____	_____	Employed (YES/NO)
Adult 1	Date of Birth	
_____	_____	Military (YES/NO)
_____	_____	_____
Email	Home Phone	Cell Phone
_____	_____	Employed (YES/NO)
Adult 1	Date of Birth	
_____	_____	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
- change of family income (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Significant hardship (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>2019-2020 Membership</p> <p>Single \$1,375 Family \$2,040</p>
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Amount of dues you are requesting to pay monthly: \_\_\_\_\_

Please return your completed application to:  
[linda@ohefsholom.org](mailto:linda@ohefsholom.org) or fax to 757-625-3762

A representative of the Temple will contact you shortly.