



Application for Dues Adjustment 2020-2021

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) _____

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| <p>2020-2021 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 or fax to 757-625-3762.
A representative of the Temple will contact you shortly.