



CONFIDENTIAL

**Application for Dues Adjustment
For the Fiscal Years January 1, 2021 - December 31, 2022**

Date ____ / ____ / ____

Member #1

Member #2

Name _____

Address _____

City State Zip

Home Phone () _____

Fax () _____

Cell Phone () _____

() _____

Email _____

Marital Status Married Single Divorced

Widowed Separated Other

Date Joined CAA ____ / ____ / ____

Occupation _____

Employer _____

Business Phone () _____

() _____

How Long? _____

Full Time Part Time

Full Time Part Time

Dependent Children (up to age 23):

Name	Age	Grade	School	Tuition, Room & Board	Financial Aid
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

As a sacred community, members agree to support the synagogue, and the synagogue agrees to make sure no one is excluded from religious and community life based on financial need. The Board of Trustees pledges to manage the synagogue's financial affairs in a prudent fashion by balancing the need to make good on all of our financial commitments against the ability of our community to meet those commitments.

Please tell us why you are requesting an adjustment, how much of an adjustment you are requesting, and when you think your situation might improve to the point of reducing or eliminating the adjustment you are requesting. An automatic adjustment of 5% or 10% can be approved without providing additional information about your request. An amount over 10% reduction requires approval by the dues adjustment committee. Feel free to provide any additional information that you think may help the Dues Adjustment Committee evaluate your request. We trust members to be honest and we pledge not to invade their privacy; and they pledge to accept an adjustment with the understanding that (hopefully) the adjustment is temporary and that we must all do what we can to keep the synagogue healthy for all of its members. Annually you will be

required to reapply for the adjustment that is granted to you on a temporary basis to assist in your time of need. Dues adjustments are intended to be temporary and will be revisited by the Finance Committee semiannually. In the spirit of community, we hope that today's adjustment recipients will someday be in a position to assist others in need of similar temporary assistance.

Member's personal statement of need for dues adjustment:

Member's Signature _____

Financial Assistance History:

Did Member receive a dues adjustment in 2019-2020? Yes No

Billed fiscal year 2020:

Dues	IPRS	HPS	Building Maintenance
_____	_____	_____	_____

Unpaid Financial Obligations:

Fiscal Year	Dues	IPRS	HPS	Building Maintenance
2020	_____	_____	_____	_____
All Prior Years	_____	_____	_____	_____
Totals	_____	_____	_____	_____

Grand Total \$ _____

Account must be current to request a dues adjustment for 2021-2022. Balances prior to January of 2021 cannot be adjusted. All dues adjustment forms MUST BE approved by the dues adjustment committee.

Current (2020) Unadjusted Obligation:

Dues	IPRS	HPS	Security	Building Maintenance
_____	_____	_____	_____	_____

I request that my current (2021-2022) obligation be reduced to:

_____ 5 % dues reduction from standard dues

_____ 10% dues reduction from standard dues

_____ Other reduction requests above 10%

In consideration of the assistance I am receiving, I will volunteer to help in the following capacity:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Office Mailings | <input type="checkbox"/> Religious School | <input type="checkbox"/> Phone Committee |
| <input type="checkbox"/> Bulletin Proofing | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> College Connection | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Caring & Kindness | <input type="checkbox"/> Ritual Committee | |
| <input type="checkbox"/> Youth Committee | <input type="checkbox"/> Usher | <input type="checkbox"/> Membership Committee | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing | <input type="checkbox"/> Cemetery Committee | |

Member #1 Signature

Date

Member #2 Signature

Date

Payment by credit card or direct withdrawal is required for monthly payment of approved reduced dues.

-----**PLEASE DO NOT WRITE BELOW THIS LINE**-----

Approved for 2021-2022:

Dues

IPRS

HPS

Security

Building Maintenance

Communicated to Member:

Signature

Date