



Temple Beth Emet

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RABBI MARK H. SOBEL

DUES REDUCTION REQUEST FORM

INFORMATION WILL BE TREATED WITH THE STRICTEST CONFIDENCE. YOU ARE REQUIRED TO PROVIDE ALL THE INFORMATION IN THIS FORM TO BE CONSIDERED FOR A REDUCTION IN DUES.

Family name: _____

Best contact telephone number: _____ Best Time to contact you: _____

Total # of dependents in household: _____ Total # of adults in household _____

Adult 1	Adult 2
Occupation: _____	Occupation: _____
<input type="checkbox"/> Retired: Fixed Income	<input type="checkbox"/> Retired: Fixed Income
Are you Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Company: _____	Name of Company: _____
Job Title: _____	Job Title: _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week
<input type="checkbox"/> More than one job	<input type="checkbox"/> More than one job

NATURE OF FINANCIAL HARDSHIP

Please provide details of your situation. Use a separate sheet if necessary: (PLEASE PRINT OR TYPE)

Amount of dues reduction requested: **\$** _____

If there is any change and I am able to pay full dues, I will notify TBE so financial assistance may be given to another.

Adult 1 Signature _____ Date _____

Adult 2 Signature _____ Date _____

FOR MEMBERSHIP COMMITTEE USE ONLY

Date application received ____/____/____		Interview scheduled for ____/____/____	
Past year 20____	\$50/MONTH	Present year 20____	\$50/MONTH
Full dues		Full dues	
Dues reduction granted	- \$____/MONTH	Dues reduction granted	- \$____/MONTH
Balance		Balance	

Comments:

Interviewer: _____ Date: _____