

**FOR THE DUES EVALUATION COMMITTEE USE ONLY**

Date Received By Office \_\_\_\_\_

Acknowledgement Sent \_\_\_\_\_

**Temple Beth-El  
118 South Grand Avenue  
Poughkeepsie, NY 12603**

Dear Applicant,

To enable the Dues Evaluation and Delinquency Committee to fairly evaluate and apply the Temple's guidelines in an equitable manner **THIS FORM MUST BE FILLED IN COMPLETELY.**

Application for Reduced Membership Dues and Fees for the Fiscal Year of \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent Children:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_

Business Address \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Firm Name \_\_\_\_\_

Business Address \_\_\_\_\_

Annual Income:

Primary Wage Earner \_\_\_\_\_

Spouse \_\_\_\_\_

Other\* \_\_\_\_\_

Total \_\_\_\_\_

\*Other income examples: Social Security for other family members in household, investment income, pensions, income property etc.

