



**BETH EL SYNAGOGUE**  
**Modified Dues Evaluation Information**

If you are requesting that your dues are modified to less than the \$1,800 fair share dues amount or the "Schedule of Minimum Annual Dues", please complete the information below and return to Beth El Synagogue. Thank you.

	Adult 1	Adult 2
First Name		
Last Name		
Daytime Phone		
Email		
Employer		
Title/Position		
Unemployed		
Retired		
If student, school		
Home Phone		
Address		
City	State	Zip
Name(s) of Children	Age	
Other Individuals living in you household (name(s) and relationship)		

**TOTAL GROSS ANNUAL FAMILY INCOME** (include salaries, investment income, pension, social security, alimony, and any tax exempt income i.e. muni bonds, other) **CHECK APPROPRIATE BOX:**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> under \$20,000  | <input type="checkbox"/> \$41,000-\$50,000 | <input type="checkbox"/> \$71,000-80,000 | <input type="checkbox"/> \$91,000-100,000 |
| <input type="checkbox"/> \$21,000-30,000 | <input type="checkbox"/> \$51,000-\$60,000 | <input type="checkbox"/> \$81,000-90,000 | <input type="checkbox"/> over \$100,000   |
| <input type="checkbox"/> \$31,000-40,000 | <input type="checkbox"/> \$61,000-\$70,000 |  |   |

Please describe here any extra expenses your family is incurring (medical, child support, etc.) that would affect your ability to pay fair share dues.




Signature

Date