



To be reviewed FOR APPROVAL by the Finance Committee. Please include payment with this form. You will be contacted if clarification is necessary.

Circle Membership Category: A • B • C • D • E • Affiliate • Date of request: _____

Name _____

Own ___ Rent ___ Living in immediate household: • Husband • Wife • Children • Parents • Other Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Employer: _____ Years of Employment: _____

Occupation: _____

Spouse's Employer: _____ Years of Employment: _____

Occupation: _____

(Please note: this is for informational purposes only. Your employer will not be contacted)

Total Combined Monthly Income From All Sources..... \$ _____

Total Combined Living Expenses, Including Rent, Mortgage, Taxes, Insurance, etc..... \$ _____

Total All Other Monthly Expenses, Including Alimony, Child Support, Private School Tuition \$ _____

Please describe the current circumstances necessitating reduced dues: (please use reverse side if you need more space)

Enter the amounts you are committing for the following:

DUES\$ _____

SCHOOL FEES (if applicable)\$ _____

Signature: _____

ESCRIP: YOU MUST INCLUDE THE ESCRIP FORM TO BE CONSIDERED FOR REDUCED DUES

- I have enclosed a completed Escrip form.
I am already signed up for Escrip with Kol Shofar.

I have completed the enclosed:

- Credit Card Authorization Form
Bank Draft Authorization Form
I have enclosed a check in the amount of \$
Enclosed are post-dated checks.

PLEASE RETURN ALL FORMS TOGETHER WITH PAYMENT to: Congregation Kol Shofar, 215 Blackfield Drive, Tiburon, CA 94920

Attention: Executive Director, Personal & Confidential

For Executive Director Use : Dues _____ School Fees _____ Payment Plan: _____ Finance Committee Review: _____