APPLICATION FOR ADJUSTMENT OF DUES FOR 2010 – 2011 (5770-5771)
TEMPLE BETH SHALOM

Name	Date of Birth	Occupation	Place of Employment
Spouse	Date of Birth	Occupation	Place of Employment

Address _____ Phone # _____

Children:

Name	Age	Name	Age	Name	Age
Name	Age	Name	Age	Name	Age

In the space provided below, please explain to us your reasons for requesting a dues adjustment for the Temple year 2010-2011 (5770-5771). (If additional space is needed, use back of form.)

This application will be reviewed by the Dues Committee. **ANY INFORMATION YOU PROVIDE WILL BE KEPT STRICTLY CONFIDENTIAL**.

A representative of the Dues Committee will be in contact with you. If you have any questions or concerns, please contact Amy Sliva, President, at the temple office 978-535-2100. Please return your completed adjustment application to Temple Beth Shalom, 489 Lowell Street, Peabody, MA 01960 or via email at office@templebethshalom.org .

Signature _____ Date