

**Congregation Beth Israel**  
**CONFIDENTIAL DUES INFORMATION FORM 2009-2010**

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

No. of people in your household: \_\_\_\_\_ No. of children in Religious School: \_\_\_\_\_

Occupations: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Following is our dues & fee structure as of July 1, 2009. Please circle the category that applies to you.

|           |    | One-Adult Household |    | Two-Adult Household* |
|-----------|----|---------------------|----|----------------------|
| Under 32  | \$ | 560                 | \$ | 1,150                |
| 32 & Over | \$ | 1,110               | \$ | 2,190                |

\*Two-adult households: please use the average age of both adults to determine your dues category.

If unable to pay full dues would you be willing to volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

The Temple depends on everyone to pay their fair share and on volunteers to reduce expenses

If you are unable to pay full dues, please indicate the amount of dues you can afford.

Amount \_\_\_\_\_ Per Month \_\_\_\_\_ or Per Quarter \_\_\_\_\_ or Annually

I/We need dues relief because \_\_\_\_\_

**Please submit copies of your 1040 and/or 1099s, unemployment vouchers,  
pay stubs, W-2's or any other forms for income verification.**

PLEASE NOTE THAT YOUR ANNUAL DUES WILL BE FINALIZED AFTER THE DUES COMMITTEE  
REVIEWS THIS FORM OR A MEMBER OF THE DUES COMMITTEE SPEAKS WITH YOU.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**Mail Back To: THE DUES COMMITTEE  
P. O. BOX 370051  
WEST HARTFORD, CONNECTICUT 06137-0051**

For Office Use Only: Date: \_\_\_\_\_

For Dues Comm.: Date: \_\_\_\_\_

Amount owed from this year: \$ \_\_\_\_\_

Proposed Dues: \$ \_\_\_\_\_

Amount owed from past years: \$ \_\_\_\_\_

Security/Energy Fee: \$ \_\_\_\_\_

Amount paid this year: \$ \_\_\_\_\_

Religious School Fee: \$ \_\_\_\_\_

Amount paid last year: \$ \_\_\_\_\_

Proposed Write Offs: \$ \_\_\_\_\_