# CONFIDENTIALAPPLICATION FORFINANCIALASSISTANCE

For the Year Ending 31 December 2019

Please note that this application is for 2019 only. Requests for membership fees financial arrangements must be submitted on an annual basis

PLEASERETURN TO OFFICE IN A SEALED ENVELOPEMARKED “KKL BOARD MEMBERSHIP COMMITTEE”

Primary Member:

Other Family Members (also seeking assistance)

1.
2.
3.
4.

Postal Address:

Telephone Numbers: (H)

 (M)

Email

Occupation (Adult 1)

Occupation (Adult 2)

2019 Full Membership Fee $ 1,380.00 (per person based on monthly installments) I REQUEST THAT MYOBLIGATION BEREDUCED TO:

2019 Reduced Fee Request: $ (per person) Number of Memberships:

2019 Proposed Fee Request: $ (for all proposed members)

Should this fee assistance be successful, I consent to my credit card being used to make installment payments:

One Payment Monthly Quarterly Semi-Annually

Name on card: Card Type (circle): Visa / Mastercard / Amex

Number: Expiry:

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\_ \_ / \_ \_ CCV \_ \_ \_ \_



# Personal statement regarding need for financial assistance:

In appreciation of thisadjustment to my membership fee for Kehillat Kadimah, I would like to volunteer to help with (please feel free to tick multiple):

Attendance at a regular Minyan Set-up / tidy of Kiddushim

Bikur Cholim (visiting elderly / unwell) High Holy Day preparations

Youth activities Office assistance

Gabbaim (assistance in services) Other:

# DECLARATION

I/ we hereby declare that all information given in this application is true, accurate and complete to the best of my/ our knowledge, and agree to keep current with my fees as adjusted. I/ we also agree to keep terms of these arrangement confidential.

## Primary Member’  Signature Date:

Spouse Signature (if applicable)

OFFICEUSEONLY:

Approved Not Approved

Approver Name:

Approver Signature:

Date:

