

DUES ADJUSTMENT FORM

Please complete this form if you need to pay less than your invoiced Membership Dues amount.

OR FILL OUT THIS FORM ONLINE AT ASBI.ORG/DUESADJUSTMENT

ASBI is committed to making accommodations that respect the financial capacity of our individuals and families. **No one will be denied membership due to financial circumstances.** Dues Adjustments happen on an annual basis; even if you have been granted an adjustment in previous years, you must submit a new request for the current year (beginning July 1, 2019 and ending June 30, 2020).

All forms will be reviewed by a 3-person "Dues Adjustment Committee." This is a confidential process - names are removed before forms are reviewed by the committee. A response to your request will be sent via email; it may take 1-3 weeks. Once your dues amount is finalized, you will be expected to immediately make your payment or set up your payment plan.

****PLEASE COMPLETE ALL 4 SECTIONS. WE CANNOT APPROVE FORMS WITH MISSING INFORMATION.****

1. YOUR INFORMATION

Date: _____ Name(s): _____ Email(s): _____

2. MEMBERSHIP TYPE FOR WHICH YOU WERE BILLED

PLEASE CIRCLE ONE:

Student \$255	Student Family \$480	24 & Under Individual \$515	Individual \$895	New Individual \$450	Family \$1,775	New Family \$890	Associate Individual \$330	Associate Family \$410
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3. YOUR REQUEST

RETURNING MEMBERS: Membership Dues have gone up approximately 3% this year, due to rising operating costs for the shul. If you are able, we ask that you match this increase by requesting an amount that is at least 3% greater than what you paid last year. If you don't remember what you paid, you may simply request "3% more than last year".

3a. I/We request to pay this adjusted total dues amount for the 2019-2020 membership year: \$ _____

To be paid by: Credit Card Check/ACH Credit Card Payment Plan Check Payment Plan (bank checks or ACH)

For Payment Plans: Number of payments (limit of 10): _____

For Payment Plans: Start date (all payments must be completed prior to June 30, 2020): _____

For Payment Plans: Payment frequency (monthly, bi-monthly, quarterly, or bi-annually): _____

3b. (REQUIRED) Please explain why you need this dues adjustment:

4. CONFIRMATION

I understand that I will not be in good standing until I have made a payment or set up a payment plan upon approval of my Dues Adjustment Request. I understand that these arrangements are for the 2019-2020 membership year only.

Signature: _____

Return this form to: 540 West Melrose Street, Chicago, IL 60657 Email: office@asbi.org Fax: (773) 248-5001