

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

For the Year Ending 31 December 2018

Please note that this application is for 2018 only. Requests for membership fees financial arrangements must be submitted on an annual basis

PLEASE RETURN TO OFFICE IN A SEALED ENVELOPE MARKED "KKL BOARD MEMBERSHIP COMMITTEE"

Primary Member: _____

Other Family Members
(also seeking assistance)

(i) _____

(ii) _____

(iii) _____

(iv) _____

Postal Address: _____

Telephone Numbers: _____ (H)
_____ (M)

Email _____

Occupation (Adult 1) _____

Occupation (Adult 2) _____

2018 Full Membership Fee \$ 1,380.00 (per person based on monthly installments)

I REQUEST THAT MY OBLIGATION BE REDUCED TO:

2018 Reduced Fee Request: \$ _____ (per person)

Number of Memberships: _____

2018 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: _____ Number: ____/____/____/____

Card Type (circle): Visa / Mastercard / Amex Expiry: __/____ CCV ____

Personal statement regarding need for financial assistance:

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

- | | |
|---|---|
| <input type="checkbox"/> Attendance at a regular Minyan | <input type="checkbox"/> Set-up / tidy of Kiddushim |
| <input type="checkbox"/> Bikur Cholim (visiting elderly / unwell) | <input type="checkbox"/> High Holy Day preparations |
| <input type="checkbox"/> Youth activities | <input type="checkbox"/> Office assistance |
| <input type="checkbox"/> Gabbaim (assistance in services) | <input type="checkbox"/> 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's Signature

Spouse Signature (*if applicable*)

Date: _____

OFFICE USE ONLY:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
|-----------------------------------|---------------------------------------|

Approver Name: _____ Approver Signature: _____ Date: _____