

TEMPLE ADATH B'NAI ISRAEL
Dues Declaration Form

Name: _____

Address: _____

City/State/Zip: _____

Annual Dues _____ (Dues information is kept confidential)

To be billed: (Monthly) (Quarterly) (Semi-Annually) (Annually)

Applicant's Signature _____

Date _____

Dues Schedule

Annual Income (adjusted gross)	%
Up to \$100,000 a year	1%
Over \$100,000 a year	1.5%

There is no cap on dues! Also, it is our policy that no one is denied Temple membership for his or her inability to pay the scheduled amount.

Please mail the completed form to:

Temple Adath B'nai Israel
PO Box 5265
Evansville, IN 47716
Attn: Barbie Williams