

# Synagogue Membership Financial Assistance Renewal Form

## Member Information

Full Name

Address

Email

Phone Number

Membership Type

## Financial Information

Household Annual Income

Employment Status

Number of Dependents

## Membership Dues

Current Annual Dues Amount

Requested Assistance (% or Amount)

Please briefly explain your current circumstances and reason for requesting assistance:

## Additional Information (Optional)

Additional Notes or Comments

Signature

Date

