

Name: _____ Phone Number: _____

1. \$ _____ **Total Obligation Due:** from Step C on Membership Agreement
(Should include Dues, School, and Miscellaneous Fees)

A. \$ _____ **Total adjustment you are requesting**

B. \$ _____ **Total amount you wish to pay each month by**

Automatic Credit Card

2. Please explain any special circumstances, which may assist us in evaluating your request. Special circumstances could include temporary employment or housing situations, special schooling requirements for your children, or obligations to extended family members.

3. Please provide any other information that you would like to share with the Dues Adjustments Committee that will help the committee evaluate your request.

Signature

Date