



**Medford Lakes Colony**  
79 Tecumseh Trail  
Medford Lakes, NJ 08055  
(609) 654-7747 // [office@mlcolony.org](mailto:office@mlcolony.org)

**For Office Use Only**  
**Application Number:** \_\_\_\_\_  
(# is used for purposes of confidentiality)

**Application and Agreement for Member Dues Relief Fund 2026**  
**Must be returned to the Colony Office by March 31, 2026, for consideration**

The Member Dues Relief Fund has been established to provide temporary, partial dues relief for active Colony members. To apply, all previous years' dues must be paid. Relief can only be applied to current (2026) dues. Applications will be reviewed by the Dues Relief Committee for the Colony Board. Your identity and financial information will be kept confidential. An application number will be used to keep your identity separate from the financial information on page 2, which will be used by the committee to make a dues relief allocation. Your identity will be unknown to that committee.

Member Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Note:** Although we recognize the aspects of financial hardships are not necessarily fully reflected in one's tax statement, the Medford Lakes Colony reserves the right to request a current copy of your Federal Tax Form 1040 page 1 or NJ 1040 for income verification. **AGREED** \_\_\_\_\_

**Agreement Terms:**

1. I agree to make (at least) monthly payments toward my 2026 Member dues. If at any point there is a change that impacts my ability to make scheduled payment amounts, I will contact the Colony Office immediately to request an update to this agreement. The amount of my monthly payment will be calculated when a disbursement of donated funds from the Dues Relief Fund is allocated to my account in April. **Until that date, I will make monthly payments of no less than \$50.00.**  
**AGREED** \_\_\_\_\_
2. My Request Statement is a true and accurate representation of my financial situation.  
**AGREED** \_\_\_\_\_
3. By accepting the terms, I recognize that a failure to make a monthly payment as agreed above will result in loss of the Dues Relief Credit and suspension of member privileges.  
**AGREED** \_\_\_\_\_

\_\_\_\_\_  
**Member(s) Signature/Date**

**Your first payment of \$50.00 is due at the time of application submission.**



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**Number of Household Residents:** \_\_\_\_\_

**Number of Household Residents under 18:** \_\_\_\_\_

**Estimated Annual Household Income:** \_\_\_\_\_

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**What is the amount of Dues Relief you are requesting? \$** \_\_\_\_\_

Note: Dues Relief allocations are also dependent on the amount available in the Dues Relief Fund.

**Request Statement:** Please provide a statement explaining extenuating circumstances that have negatively impacted your ability to pay your 2026 member dues. Add pages or information as needed.

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-----Committee Use Only-----

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|------------------------------------|------------------------|
| Original Member Dues: _____        | Approved Relief: _____ |
| Payment Terms:<br><br><br><br><br> |                        |
| Committee Chair                    | Date                   |

**Your first payment of \$50.00 is due at the time of application submission.**