

Renewing Members

↑ **Member Name** ↑

Please print full name of primary member above

Financial Obligation for Fiscal Year July 1, 2011 – June 30, 2012 Dues, Fees and Payment Schedule

Part I – Annual Dues <i>Check one box and enter amount in Part III</i>		Part III – Recap & Payment	
Advanced giving levels will help us grow again		Annual Dues from Part I	\$ _____
<input type="checkbox"/> Double Chai	\$3,600	Facility Fund from Part II (this is not the <i>Mishkan</i> Fund)	\$ _____
<input type="checkbox"/> Triple Chai	\$5,400	JRF Annual Dues (required) Please be sure this is in your total	\$80
<input type="checkbox"/> Household Two adults, with or without children	\$2,310	Optional contribution to General Fund	\$ _____
<input type="checkbox"/> Senior Household A couple with at least one person over 64	\$1,545	Additional to re-pay, rebuild <i>Mishkan</i> Fund	\$ _____
<input type="checkbox"/> Single Parent One adult with one or more children. If both parents are active members, you are not eligible for this category.	\$1,480	Optional contribution to Endowment Fund	\$ _____
<input type="checkbox"/> Single Member Single adult at least 18 years old	\$1,320	Gesher Fees - from Registration Form (if you would like to spread out payments) Total	\$ _____
If your spouse/partner participates, you are not eligible		FY 2011-2012 Financial Obligation – due by 4/1/12	\$ _____
<input type="checkbox"/> Single Senior over 64	\$1,210	Payment Schedule – select	
<input type="checkbox"/> Discretionary Consideration —fill out separate form		<input type="checkbox"/> Annually (due in full 7/1)	
Part II – Facility Fund (Not the <i>Mishkan</i> Fund)		<input type="checkbox"/> Semi-Annually (1/2 due 7/1 and 1/1)	
\$1,000 per household payable over four (4) years		<input type="checkbox"/> Quarterly (1/4 due 7/1, 10/1, 1/1 and 4/1)	
This is year ___ of my four (4) year commitment		NEW <input type="checkbox"/> 10 payments (1/10 due monthly 7/1- 4/1)	
Please enter \$250 in Part III or ____ Initial here if you have completed your four (4) year commitment		<input type="checkbox"/> PREFERRED I will pay by check - and will set up auto-pay directly with my bank, or will mail checks to you	
		<input type="checkbox"/> Please charge my credit card (see below)	
		You may make a donation of 3% to cover cc fees.	
		AMOUNT ENCLOSED \$ _____	

My signature confirms my financial obligation for 2011-2012 Membership Year date

VISA and MasterCard only.

Credit Card Authorization: Please also sign below.

Card # _____ - _____ - _____ - _____

Expiration Date ____/____/____ **Code on back** _____

Name on card _____ Your Zip Code _____

Signature _____ Date _____

Authorized credit card payments will be charged
on or close to the first of the month for the period in which they are due.

Payment Schedule (for office use only)

Annual	7/1										
Semi-Ann	7/1					1/1					
Quarterly	7/1			10/1			1/1			4/1	
10-payments	7/1	8/1	9/1	10/1	11/1	12/1	1/1	2/1	3/1	4/1	