



Temple Beth Shalom of the East Valley

Annual Membership 2017-18

Note: All membership categories include all unmarried children under the age of 21.

Membership categories are distinguished between **Family Membership**, two adults residing at the same address and **Individual Membership**, one adult. In addition, dues are present in both annual and monthly amounts for your information.

We offer a 5% discount on the annual or monthly dues amount if your account is prepaid in full, if postdated checks are provided, or if an electronic payment method allowing TBS-EV to withdraw funds (PayPal, ACH) is used

Membership Type		Annual Dues	Monthly Dues
Family	Two adults residing at the same residence	\$ 2,105.40	\$ 175.45
Senior Family	Two adults residing at the same residence with one adult age 62 or older	\$ 1,476.00	\$ 123.00
Young Family	Two adults residing at the same residence with one adult under the age of 30*	\$ 1,005.40	\$ 83.78
Individual	One adult age 30 or older and under age 62*	\$ 1,089.00	\$ 90.75
Individual Senior	One adult age 62 or older	\$ 768.00	\$ 64.00
Individual Young Adult	One adult under the age of 30	\$ 540.00	\$ 45.00
Winter Visitor	Associate membership for those residing out of the state, does not include High Holiday tickets	\$ 432.00	\$ 36.00
Active Duty Military	Current active duty military service	\$ 18.00	n/a
Full Time Student	Applies to full time students age 30 and younger	\$ 18.00	n/a

Building Fund - \$750.00

All members are required to pay a Building Fund fee when they first join TBS-EV. This "one time" fee of **\$750.00** can be paid in full or spread over a 5 year period of **\$150.00** per year with the first payment due the first month member joins.

Synagogue Upkeep Fees: \$90 or \$54*

***Building and Grounds - \$36** *Not to be paid by members paying the Building Fund. Maintains the synagogue buildings and grounds.

Oneg/Kiddush Fund - \$18 All members

Designated fund for the purpose of providing unsponsored Onegs & Kiddushim,

United Synagogue of Conservative Judaism (USCJ) - \$36 All members

Designated fund for payment of USCJ membership dues.



Temple Beth Shalom of the East Valley

Membership Data Form

Family Name: _____ Date Submitted: _____
Home Address Information:
Street: _____ City: _____ State: _____ Zip: _____

MEMBER 1

MEMBER 2

Name: _____ Name: _____

Individual and Contact Information

Home Phone: _____ Home Phone: _____
Cell Phone: _____ Cell Phone: _____
Office Phone: _____ Office Phone: _____
E-Mail: _____ E-Mail: _____
Occupation: _____ Occupation: _____
Birth Date: _____ Birth Date: _____
Veteran ___ Yes ___ No _____ Branch Veteran ___ Yes ___ No _____ Branch

Hebrew Name (Transliterated)

Yours: _____ N/A Yours: _____ N/A
 Kohen Levi Yisrael Kohen Levi Yisrael
Father's: _____ N/A Father's _____ N/A
 Kohen Levi Yisrael Kohen Levi Yisrael
Mother's: _____ N/A Mother's: _____ N/A
 Kohen Levi Yisrael Kohen Levi Yisrael

Judaica Skills

Read Hebrew: _____ Read Hebrew: _____
Chant Torah: _____ Chant Torah: _____
Chant Haftarah: _____ Chant Haftarah: _____
Lead Services: _____ Lead Services: _____
Teaching Experience: _____ Teaching Experience: _____

Wedding Anniversary: (Month, Day Year): _____

Emergency Contact (someone not living with you):

Name: _____ Phone: _____ Relationship: _____



Temple Beth Shalom of the East Valley Children Living at Home (or in College)

Child # 1

Male

Female

First Name: _____ Middle Name: _____ Last Name: _____

Bar/Bat Mitzvah Date: _____ Birth Date: _____ E-Mail: _____

Hebrew Name: _____

Child # 2

Male

Female

First Name: _____ Middle Name: _____ Last Name: _____

Bar/Bat Mitzvah Date: _____ Birth Date: _____ E-Mail: _____

Hebrew Name: _____

Child # 3

Male

Female

First Name: _____ Middle Name: _____ Last Name: _____

Bar/Bat Mitzvah Date: _____ Birth Date: _____ E-Mail: _____

Hebrew Name: _____

Child # 4

Male

Female

First Name: _____ Middle Name: _____ Last Name: _____

Bar/Bat Mitzvah Date: _____ Birth Date: _____ E-Mail: _____

Hebrew Name: _____

Optional:

Any additional information you would like to share to help us know you better

Previous Synagogue Affiliation: _____ Location: _____



Temple Beth Shalom of the East Valley

Yahrzeit Information

Please list Yahrzeit information for those of a Child, Parent of Member, Sibling or Spouse.

All Yahrzeits will be observed on the Jewish anniversary date only. We will provide the Jewish calendar date if you do not know it. Use additional sheets as necessary. Please make sure that your information is complete and accurate so that the proper reminder may be provided to you.

Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown
Name of Deceased: _____	Hebrew Name: _____
Relationship: _____	Date of Death: _____
Yahrzeit observed by: _____	<input type="checkbox"/> Before Sundown <input type="checkbox"/> After Sundown



Temple Beth Sholom of the East Valley

Release of Member Roster Information

In our efforts to protect the privacy of our members, this Release Form is for your completion and return to Temple Beth Sholom of the East Valley with your membership application. Please review the information below and complete the form in full. The primary use of this is to update our Administrative Office records for ease of contact with our members. Please be sure to print the information clearly. This will ensure that our records are accurate. In addition, please initial each item(s) Release or Do Not Release in the respective column, giving authorization to release or not release each piece of information separately.

I further understand that all of this information is supplied to our Executive Board Members in order to carry out their Congregational responsibilities. As necessary they will distribute this information to the Board of Directors and or Committee members only as needed to perform their responsibilities as well.

My initials on each item below gives permission to Temple Beth Sholom of the East Valley to release my name, home phone, home E-mail, work phone, work E-Mail, Yahrzeit, birthday or anniversary dates (as applicable) as a part of any Temple Beth Sholom of the East Valley Membership Rosters, or other communications as distributed to members of Temple Beth Sholom-EV. The approved information may also be provided to our Jewish organizations on the approval of the Executive Board.

	<u>RELEASE</u>	<u>DO NOT RELEASE</u>
Member Name: _____	_____	_____
Home Phone: _____	_____	_____
Home E-Mail: _____	_____	_____
Work Phone: _____	_____	_____
Work E-Mail: _____	_____	_____
Yahrzeit Date: _____	_____	_____
Member Name: _____	_____	_____
Home Phone: _____	_____	_____
Home E-Mail: _____	_____	_____
Work Phone: _____	_____	_____
Work E-Mail: _____	_____	_____
Yahrzeit Date: _____	_____	_____
Member Name: _____	_____	_____
Home Phone: _____	_____	_____
Home E-Mail: _____	_____	_____
Work Phone: _____	_____	_____
Work E-Mail: _____	_____	_____
Yahrzeit Date: _____	_____	_____

Preferred time to be contacted and where: _____

IF YOU DO NOT RESPOND, ALL INFORMATION WILL BE INCLUDE IN ANY MEMBERSHIP ROSTER

TBS-EV Financial Agreement and Payment Options

I/We understand that this membership agreement is a binding contract with Temple Beth Sholom of the East Valley and I/We are liable for the payment of all outstanding Membership Dues, Building Pledges and other fees as stated on page one of this document.

Applicable Membership Category: _____

Membership Year: _____

***Payment Options:**

Frequency (check one)	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
Payment Method (check one)	<input type="checkbox"/> Bill Pay	<input type="checkbox"/> Debit*	<input type="checkbox"/> PayPal**	<input type="checkbox"/> Check ***

Other: TBS-EV welcomes All members, regardless of their circumstances. If you feel that your circumstances require special financial consideration, a packet of useful information will be confidentially mailed to you. Please contact our treasurer at Scott.Schnee@tbsev.org

If above options are not feasible, please contact our treasurer at Scott.Schnee@tbsev.org

*Debit arrangement requires completion and signature of ACH DEBIT AUTHORIZATION FORM

** PayPal arrangement requires signing up for an automated billing arrangement on the TBSEV website:
<http://tbsev.org> => Donate/ Pay Online

*** payment by monthly or quarterly checks requires predated checks to be provided to office for safe keeping to meet "Member in Good Standing" Requirements.

Primary Contact Information: Please mark primary method of notification

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip:
__ Home Phone:	__ Cell Phone:	__ Email:

Additional Contact Information:

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip:
__ Home Phone:	__ Cell Phone:	__ Email:

Payment Allocation

Obligation	****Annual Payment	Monthly Payment
Dues:		
Synagogue Fee: \$ 54.00		
USCJ –Fee: \$ 36.00		
Building Fund: If applicable		
<i>Sub-total</i>		
****Voluntary processing fee donation:		
Other Donation Amount:		
Total:		

****Annual payments will be paid at the beginning of the fiscal year

****Voluntary donations are welcome in the amount of 3% to defray credit card/ACH processing fees

Member
Signed _____ Date _____

Treasurer
Signed (if required) _____ Date _____

Late Fees – Any Dues, Fees, or Tuition payments more than 90 days past due may have a 3% late fee added.

TBS-EV OPTIONAL DIRECT DEBIT (ACH) AUTHORIZATION

Please contact our treasurer at Scott.Schnee@tbsev.org if there are any problems processing this charge. Thank you.

I, _____ authorize Temple Beth Sholom of the East Valley (TBSEV) to initiate debit entries to my checking or savings account as indicated below. I authorize my financial institution to process such entries and debit my account.

Bank Name _____

Routing Number _____ Account Number _____

Debit Start Date _____

Frequency (check one)	<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
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Authorized Signature _____ Date _____

My signature on this form represents my agreement to the following terms and conditions:

1. TBSEV membership is on a sustaining model. I agree that TBSEV may continue to debit my account above until the Treasurer is notified of discontinuation of my membership.
2. TBSEV shall notify me of any changes to my dues at the beginning of each fiscal year. I agree that TBSEV may alter my billing amount upon changes to dues and fees ratified by the Board of Directors.
3. Debits will occur monthly/quarterly/annually/other per the cycle selected on my financial agreement form.
4. Debits will occur on the calendar day specified each month/quarter/year/other per the cycle selected on my financial agreement form. For example, if my initial debit date is 7/5/16 and I am paying monthly, my debit will occur on the 5th of each month.
5. If the debit date falls on a weekend or bank holiday, the bank will process on the next business day.
6. I may terminate the ACH agreement by notifying the Treasurer of my updated payment arrangement. I understand that I must make an alternate payment arrangement with the Treasurer.
7. If I do not terminate my debit arrangement with the Treasurer at least seven (7) days prior to my debit date one additional debit may occur,

Disclosures:

Member in good standing

- a) **Turned in any required paperwork for membership and made payment arrangement for the current year and current on financial obligations or**
- b) **Turned in special arrangements paperwork (if necessary) with terms accepted by the treasurer and current on financial obligations.**

Current on financial obligations

- a) **No prior year still outstanding Dues, Religious School Tuition, Building Funds, UCSJ funds, or Oneg Fees or an approved documented payment plan on outstanding dues and fees by the Treasurer with all payment plans to date made.**
- b) **Current Fiscal Year made at least 1 / 12 (first month) payment for committed dues, building fund or synagogue fee, USCJ Fee, and no pledge obligations (e.g., Hazak, Kol Nidre) for current or prior years more than 60 days past due.**

Late Fees – Any Dues, Fees, or Tuition payments more than 90 days past due may have a 3% late fee added.