



# ASSOCIATE MEMBERSHIP RENEWAL & REMITTANCE OF DUES

July 1, 2010 – June 30, 2011

Full Membership Categories	Family	Single
<i>Sponsor</i>	\$540	\$360
<i>Associate Dues</i>	\$350	\$250

MEMBER NAME(S): \_\_\_\_\_

2010-2011 Dues Commitment: \$ \_\_\_\_\_

Method of Payment:  Check  Credit Card

*We are determined not to let financial hardship serve as an obstacle to joining our synagogue. If the dues structure above presents a difficulty for your family, please contact Robert Liener 972-980-0011 or by email robertliener@sbcglobal.net to work out a mutually agreeable arrangement.*

**DUES PAYMENT PLAN (Please check one):**

<input type="checkbox"/> Payment in full	<input type="checkbox"/> 2 Payments (today & 12/1)	<input type="checkbox"/> 4 Payments (today, 10/1, 1/1, 4/1)	<input type="checkbox"/> 10 Payments (today, 9/1-5/1)
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This **remittance form must be accompanied by** one of the following: (1) payment in full, (2) a currently dated check plus 1, 3, or 9 post-dated checks, (3) a credit card number that will be kept on file in the synagogue office and charged as per your instructions above. Even if you previously submitted your credit card information, it is imperative that this form be completed in full.

Cardholder: (please print) \_\_\_\_\_

Card Type:  MC  Visa  AmEx

Billing Address \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3-Digit Security Code (on back of card) \_\_\_\_\_

Signature: \_\_\_\_\_

*A surcharge of 3% will be added to all credit card transactions to cover the processing fees charged by the bank. Thank you for your understanding.*

☆ Please use this credit card to pay any charges that appear on my statement over the course of the year.  
Initial here \_\_\_\_\_

***If paying by credit card, forms may be emailed to [Shaaretefilla@gmail.com](mailto:Shaaretefilla@gmail.com) or faxed to 972-661-0150.***