



MEMBERSHIP RENEWAL & REMITTANCE OF DUES

July 1, 2011 – June 30, 2012

Full Membership Categories	Family	Single
<i>Patron</i>	\$15,000*	\$15,000*
<i>Benefactor</i>	\$10,000*	\$10,000*
<i>Builder</i>	\$ 5,000*	\$ 5,000*
<i>Supporter</i>	\$ 3,600	\$ 3,600
<i>Pillar</i>	\$ 2,500	\$ 2,500
<i>Chai Member</i>	\$ 1,800	\$ 1,800
<i>Standard Dues</i>	\$ 1450	\$ 900
<i>Under 30</i>	\$ 850	\$ 550
<i>Full Time Student</i>	\$ 450	\$ 300
<i>Senior (Over 65)</i>	\$ 850	\$ 550

**Includes 2 High Holiday Seats*

MEMBER NAME(S): _____

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 at 972-980-0011 / robertliener@sbcglobal.net or Aaron Handler at 214-871-5655 / aaron@elmcreekpartners.com to work out a mutually agreeable payment arrangement.

2011-2012 Dues Commitment:

\$ _____

Method of Payment: Check Credit Card

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) _____

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.

Signature: _____

✧ 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 or faxed to 972-661-0150.