

BETH SHIR SHOLOM

1827 California Avenue Santa Monica, CA 90403 310 453-3361 FAX 310-453-6827

TEMPLE MEMBERSHIP FORM (New and RENEWING Member Information)

Please fill out this form and print out a hard copy for your records. When finished, click "Submit"

Please PRINT name(s) as you would like to be listed.

Adult # 1 _____

Adult # 2 _____

Address _____ City/Zip _____

Adult #1

Adult #2

Phone – Work _____

Work _____

Home _____

Home _____

Cell _____

Cell _____

E-Mail _____

E-Mail _____

Fax _____

Fax _____

★ **RENEWING MEMBERS:** check here if the following information is unchanged from last year's form

Occupation _____

Occupation _____

Employer _____

Employer _____

Wk address _____

Wk address _____

City/Zip _____

City/Zip _____

Birthday _____

Birthday _____

Hebrew Name _____

Hebrew Name _____

Son/Daughter of _____

(Parents Hebrew Names) _____

Wedding Anniversary _____, Year _____

<u>Child(ren)</u>	<u>Birthdate(s)</u>	<u>Hebrew Name(s)</u>
_____	_____ Yr _____	_____
_____	_____ Yr _____	_____
_____	_____ Yr _____	_____

<u>Yahrzeits Name(s)</u>	<u>Date(s) of Death</u>	<u>Relationship</u>	<u>To Whom</u>
_____	_____ Yr _____	_____	_____
_____	_____ Yr _____	_____	_____
_____	_____ Yr _____	_____	_____
_____	_____ Yr _____	_____	_____

Do you observe the English _____ or Hebrew _____ Yahrzeit dates?

I/We wish to receive the newsletter (KOLEYNU) by e-mail only Interested in learning about opportunities to Volunteer

In order to serve the needs of individual members, please indicate if one or more members of your household are not Jewish. _____

Membership Rosters will be available by request to Beth Shir Sholom **Members only** from Temple Office. **Rosters are not intended for business solicitation purposes.** Check here if you do **not** want to be included in this listing _____

BETH SHIR SHOLOM DUES AGREEMENT

July 1, 2010 through June 30, 2011

If you wish to pay your Dues in MONTHLY Payments, please DO NOT USE THIS FORM!
Go to the next page

Please fill out this form and print out a hard copy for your records. When finished, click "Submit"

The Board has set \$1800.00 plus \$400.00 Building & Security Assessment as the minimum annual Dues Contribution for 2010-2011. Please review the guidelines and then indicate your commitment.

FAIR SHARE GUIDELINES

<u>GROSS ANNUAL FAMILY INCOME</u>	<u>DUES</u>
\$600,000.00	\$12,000.00
\$500,000.00	\$10,000.00
\$400,000.00	\$8,000.00
\$250,000.00	\$5,000.00
\$175,000.00	\$3,500.00
\$150,000.00	\$3,000.00
\$125,000.00	\$2,500.00
\$100,000.00	\$2,000.00
\$90,000.00	\$1,800.00

Minimum Annual Dues Contribution for 2010-2011: \$1,800.00

PLEASE USE THIS FORM ONLY IF YOU ARE PAYING IN FULL NOW.

My/Our annual Dues Pledge for 2010-2011 is: \$ _____ ,
PLUS Building/Security Assessment of: \$400.00, \$ _____ 400.00 _____
and (optional) ARZA DUES of: \$36.00 \$ _____
A TOTAL of \$ _____ .

I/We agree to pay: \$ _____ **IN FULL NOW**

Name(s) _____

Signature _____ Date _____, 2010

Credit Card: MASTERCARD  VISA 

Card Number _____ Expiration Date _____
2 digit month 2 digit year

Name as appears on card _____ SECURITY CODE _____

Signature _____ Date _____

IF you are NEW to Beth Shir Sholom, how did you find out about us? Newspaper ___ Phone Book ___ Web Page ___ Other _____

Referred by _____

MEMBERSHIP DUES & SCHOOL TUITION WORKSHEET FOR MONTHLY PAYMENTS

Please fill out this form and print out a hard copy for your records. When finished, click "Submit"

♦ IF YOU NEED A FACTS FORM – please contact Carolyn King at (310) 453-3361 ♦

The Board has set **\$1800.00 plus \$400.00** Building & Security Assessment as the suggested minimum annual Dues Contribution for 2010-2011. **There is an additional annual fee of \$41.00 to FACTS to set up your account.**

If you are on a fixed income or experiencing financial hardship, please contact our Temple Manager who will be happy to work out an alternate payment plan with you.

Minimum Annual Dues Contribution for 2010-2011: \$1,800.00

FAIR SHARE GUIDELINES

GROSS ANNUAL FAMILY INCOME	DUES
\$600,000.00	\$12,000.00
\$500,000.00	\$10,000.00
\$400,000.00	\$8,000.00
\$250,000.00	\$5,000.00
\$175,000.00	\$3,500.00
\$125,000.00	\$2,500.00
\$100,000.00	\$2,000.00
\$90,000.00	\$1,800.00

YOUR NAME(S): _____ **HOME PHONE ()** _____

How to Calculate your monthly payment amount:

A. My/Our Annual Dues	\$	_____
B. Plus Building/Security Assessment +		\$400.00
C. Plus ARZA Dues (Optional - \$36.00) +	\$	_____
D. School Tuition - if applicable =	\$	_____
E. A TOTAL OF =	\$	_____
F. Total Divided by 12 Months (7/10-6/11)*		
G. Your Monthly Payment Amount =	\$	_____

*** must sign up by 10th of previous month for payments to start on the 5th (i.e. by June 10 for July 5th start)**

How to complete the FACTS AUTOMATIC TUITION/PAYMENT AGREEMENT:

- Educational Institution Name BETH SHIR SHOLOM ⇒ **FACTS Access Code**

Student Identifier Name of Authorizing Member Add YOUR 4-10 Character Code
- Responsible for Payment Name of Authorizing Member

Address Your Home Address

E-mail E-Mail Where We Can Contact You
- Automatic Bank Payments Check Box for either Checking or Savings

Bank Name Your Bank

Routing Number Shown On Bottom of Your Check

Account Number Your Checking or Savings Account Number

Bank Phone #/City/State Bank Branch Phone - City & State Where Branch is
- Payment Terms

Payment Date 5th of each month

Month of First Payment July, 2010 (* if starting later, there will be fewer months to pay off balance)

Payment Frequency Monthly - use pale yellow Dues Agreement form if making Annual payment

Payment Terms:

Total Balance Due Your Total Pledge ("E" from above How to)

Number of Payments 12 (* if you sign up by June 10 - for July 2010 through June 2011)

Amount of Each Payment Your Total Pledge divided by number of months ("F" from above)
- AUTHORIZATION Must be signed by same Member named above as Authorizing Member

Please attach a voided check with your FACTS Form