



Renewal Annual Membership Commitment Form

Membership Year July 1, 2021 – June 30, 2022

Forms must be completed and returned to office@templesolel.org or mailed to Temple Solel by **June 30, 2021.**

Name(s): _____

Address: _____

City, State, Zip _____

Home phone: _____ **Work:** _____ **E-mail:** _____

Based on an honest reflection of your own financial circumstances, we ask that you step up to the highest tier possible as we pursue a financially strengthened future for our community. Please indicate your membership commitment level below:

Member Category	Family	Single	
Rabbi's Circle	<input type="checkbox"/> \$7,280	<input type="checkbox"/> \$7,280	<p style="text-align: center;">Family = more than one in a household</p> <hr/> Annual Membership Commitment (from left column)
Benefactor	<input type="checkbox"/> \$5,730	<input type="checkbox"/> \$3,640	
Pathfinder	<input type="checkbox"/> \$3,455	<input type="checkbox"/> \$2,410	
Pillar	<input type="checkbox"/> \$2,810	<input type="checkbox"/> \$2,195	
Retired	<input type="checkbox"/> \$1,490	<input type="checkbox"/> \$1,030	
Sustaining	<input type="checkbox"/> \$2,650	<input type="checkbox"/> \$1,815	
Sustaining/Age 26-34 (1 st Year)	<input type="checkbox"/> \$965	<input type="checkbox"/> \$720	
Sustaining/Age 26-34 (2 nd Year)	<input type="checkbox"/> \$1,420	<input type="checkbox"/> \$1,070	
Sustaining/Age 26-34 (3 rd Year)	<input type="checkbox"/> \$1,900	<input type="checkbox"/> \$1,420	
Sustaining/Age 18-25	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<hr/> Raker Religious School Tuition Total <p style="text-align: center;">Total Fees (Youth Group & Raker Religious School)</p>
			<hr/> Capital Fund Donation of \$250 Suggested donation
			<hr/> All Members are Subject to a Security fee payment of \$100
			<hr/> Please Consider Making An Additional Gift
			<hr/> Total Commitment for Membership Year 2021-2022

***Associate membership** is only available to those who pay **full** dues to another congregation, which is their primary affiliation. Primary affiliation will be verified. An associate commitment is 1/2 of the category you have chosen.

Affiliated Congregation name: _____

Address: _____

Phone number: _____

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Special Considerations

Temple Solel remains committed to being accessible to every person seeking to be part of a Jewish community. It has always been our policy that financial capacity will never be a barrier to membership. Special payment arrangements may be granted to members experiencing a financial hardship. ***A commitment adjustment form must be submitted annually and is due by July 31, 2021 in order to receive financial assistance. Please contact the Executive Director, ppishko@templesolel.org with any questions.**

Choose a billing option (please check one)

Annual payment
(Due by June 30)

Monthly payments
(10 payments)

Please update your payment information, as it cannot be carried over from the prior year. Please print clearly.

Credit Card
(3% processing fee applies)

ACH Debit Payment
Attach a voided check to this form

Enclosed Check
(Payable to Temple Solel)

OTHER
(IRA, Trust Distribution, Stock Transfer ETC)

Account Number _____
Exp (MM/YY) _____ CCV # _____
Name on Card _____
Billing Address _____
City _____ State _____
Zip Code _____

As a member of Temple Solel, I understand that I am making a full-year financial commitment to support the Congregation. **I further understand that the temple depends on this commitment, and I pledge to fulfill my financial obligation on or before June 30, 2022.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

Signature

Date