



Renewal Annual Membership Commitment Form

Membership Year July 1, 2024 – June 30, 2025

Forms must be completed and returned to office@templesolel.org or mailed to Temple Solel by **June 30, 2024.**

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	Family = more than one in a household	
Rabbi's Circle	<input type="checkbox"/> \$7,995	<input type="checkbox"/> \$7,995	Annual Membership Commitment (from left column)	\$
Benefactor	<input type="checkbox"/> \$6,295	<input type="checkbox"/> \$3,995		
Pathfinder	<input type="checkbox"/> \$3,790	<input type="checkbox"/> \$2,645	Raker Religious School Tuition Total Total Fees (Youth Group & Raker Religious School)	\$
Pillar	<input type="checkbox"/> \$3,085	<input type="checkbox"/> \$2,410		
Retired	<input type="checkbox"/> \$1,635	<input type="checkbox"/> \$1,130	Capital Fund Donation of \$250 Suggested donation	\$
Sustaining	<input type="checkbox"/> \$2,910	<input type="checkbox"/> \$1,995		
Age 26-34	<input type="checkbox"/> \$360	<input type="checkbox"/> \$205	All Members are Subject to a Security fee payment of \$150	\$ 150
Age 18-25	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE		
			Please Consider Making An Additional Gift	\$
			Total Commitment for Membership Year 2024-2025	\$

***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, 2024 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)

Auto renew my membership
(using my current payment method)

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, 2025.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

Signature

Date