



Renewal Annual Membership Commitment Form

Membership Year July 1, 2025 – June 30, 2026

Forms must be completed and returned to office@templesolel.org or mailed to Temple Solel by June 30, 2025.

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"/> \$8,315	<input type="checkbox"/> \$8,315	Annual Membership Commitment (from left column)	\$
Benefactor	<input type="checkbox"/> \$6,545	<input type="checkbox"/> \$4,155		
Pathfinder	<input type="checkbox"/> \$3,940	<input type="checkbox"/> \$2,750	Total Fees from Raker Religious School Form	\$
Pillar	<input type="checkbox"/> \$3,210	<input type="checkbox"/> \$2,505		
Retired	<input type="checkbox"/> \$1,700	<input type="checkbox"/> \$1,175	Capital Fund Donation of \$250 Suggested donation	\$
Sustaining	<input type="checkbox"/> \$3,025	<input type="checkbox"/> \$2,075	Endowment Fund Donation	
Age 26-34	<input type="checkbox"/> \$375	<input type="checkbox"/> \$215	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 2025-2026	\$

***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 ½ 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, 2025 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.

<input type="checkbox"/> Credit Card (3% processing fee applies)	<input type="checkbox"/> ACH Debit Payment Attach a voided check to this form
<input type="checkbox"/> Enclosed Check (Payable to Temple Solel)	<input type="checkbox"/> 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, 2026.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

Signature

Date