Renewal
Annual Membership Commitment Form

Membership Year July 1, 2026 – June 30, 2027

Forms must be completed and returned to office@templesolel.org or mailed to Temple Solel by June 30, 2026.

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	☐ $8,565	☐ $8,565
Benefactor	☐ $6,740	☐ $4,280
Pathfinder	☐ $4,060	☐ $2,835
Pillar	☐ $3,305	☐ $2,580
Retired	☐ $1,750	☐ $1,210
Sustaining	☐ $3,115	☐ $2,135
Age 26-34	☐ $385	☐ $220
Age 18-25	☐ FREE	☐ FREE

Family = more than one in a household

Annual Membership Commitment **(from left column)**	$
Total Fees from Raker Religious School Form	$
Capital Fund Donation of $250 Suggested donation	$
Endowment Fund Donation	
All Members are Subject to a Security fee payment of $150	$ **150**
Please Consider Making An Additional Gift	$
Total Commitment for Membership Year 2026-2027	$

***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, 2026 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, 2027.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

_____

Signature Date