

TBS 2015-2016 Dues Commitment Form

Temple Beth Shalom 205 E. Barcelona Road Santa Fe NM 87505
(505) 982-1376 www.sftbs.org

Dues are Strictly Confidential

Name(s) (please print) _____ Date _____

Check the category that best applies to your household's appropriate dues commitment:

- _____ Couple (with or without dependent children) Full dues \$2,100 (\$175/mo)
- _____ Single (over 29, without dependent children) Full dues \$1,500 (\$125/mo)
- _____ Single parent with child(ren) Full dues \$1,320 (\$110/mo)
- _____ Part-time residents of Santa Fe Full dues \$1,000 (\$100/mo)
- _____ Singles 18 to 29 Full dues \$ 600 (\$ 50/mo)
- _____ Full-time students under 29 No charge

My/Our Dues Commitment for 2015-2016 is \$ _____

If requesting dues relief, skip the remainder of this page and complete other side.

I understand that contributions at a higher level provide the funds needed to help TBS serve all Jews, regardless of means.

_____ Chai Circle Dues Enhancement \$1,800
 _____ Other \$ _____
 My additional contribution to TBS is \$ _____

I/We pledge to fulfill my/our annual commitment to TBS in a timely manner.

Signed _____

I/We will pay our membership pledge:

- _____ In one annual payment
- _____ Semi-Annually(2 payments, due July 1, 2015 & Jan. 1, 2016)
- _____ Quarterly (4 payments, due July 1 & Oct. 1, 2015; Jan.1 & April 1, 2016)
- _____ Monthly (12 payments, due first of each month, July 1, 2015 through June 2016)

Enclosed is *my/our first/total* payment of \$ _____

You may pay by ___ **check** or ___ **credit card** (*Paying by check will help our bottom line*)

Name as it appears on card (*Please Print*) _____

Billing Address (*inc zip code*) _____

Phone _____ Email _____

AMOUNT \$ _____ CC # _____ Exp. Date _____

Other financial responsibilities: Membership dues do not include your Building Fund requirement or any additional fees owed for religious school, preschool or Bar/Bat Mitzvah.

TBS 2015-2016 Dues Relief Form

DO NOT complete this page unless requesting a dues adjustment

CONFIDENTIAL APPLICATION FOR NEED-BASED SPECIAL FINANCIAL CONSIDERATION

Name _____ Phone Number _____

Address _____ Email _____

Dues relief is granted for one year only and must be requested in writing annually. If you do not return this form, we will assume that you are able to pay the standard dues and you will be billed accordingly.

Your request for special consideration will be reviewed by the TBS Dues Committee and you will be notified of the committee's decision by or before August 31, 2015.

Please be as specific as possible in describing the circumstances that make relief necessary.

For the reasons specified above, I respectfully request that my dues this year be reduced from the standard dues applicable to my household to \$_____.

Signature(s) _____ Date _____

Amount approved by Dues Committee \$ _____

Date _____ Signature _____

Applicant was notified on _____ by _____