

Member A:  
Name: \_\_\_\_\_

Member B:  
Name: \_\_\_\_\_

**CONGREGATION EMANU-EL  
MEMBERSHIP COMMITMENT GUIDELINE  
2009-2010**

Age by oldest person in household	FAMILY	INDIVIDUAL
ADULT over age 40	\$2,000 - \$5,000	\$1,500- \$5,000
BENEFACTOR	\$5,000+	\$5,000+
ADULT age 35-39	\$1,000	\$750
ADULT age 30-34	\$500	\$350
ADULT under age 30	\$300	\$200

**At Temple Emanu-El we ask you to “choose your dues,” using the above schedule as a guideline, for your first fiscal year of membership, under our voluntary system.** Our fiscal year is July 1 – June 30. After the first fiscal year, dues will be assessed according to the above schedule. No one has ever been denied membership due to financial circumstances.

Member privileges include access to clergy for weddings, use of our facility at member rates, and member priority for facility usage. Membership of at least 15 months waives the \$1,500 fee for clergy officiating and/or facility use at member rates.

**I/We apply for membership in Congregation Emanu-El. I/We agree to a voluntary financial commitment for my/our first fiscal year. I/We understand that a formal financial commitment will be self-determined at the end of my/our first fiscal year of membership.**

Annual Commitment \$ \_\_\_\_\_ To be paid:  Annually  Semi - Annually  Quarterly  Monthly

**Payment Method:**

Check Enclosed  Credit Card  Debit Card  Electronic Funds Transfer

**Credit or Debit Card Information:**

I hereby authorize Congregation Emanu-El to charge my credit or debit card account in the amount of \$ \_\_\_\_\_ for membership, according to my payment option.

Please charge my  Visa  MasterCard  American Express

Account Number: \_\_\_\_\_

Verification Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$36 of your contribution covers your annual subscription to our monthly publication, The Temple Chronicle.

**FOR OFFICE USE ONLY:**

Type: Under 30 \_\_\_\_\_ Young Adult \_\_\_\_\_ Regular \_\_\_\_\_ Senior \_\_\_\_\_

Single \_\_\_\_\_ Family \_\_\_\_\_ Single Parent Family \_\_\_\_\_

Input: \_\_\_\_\_ Date of input: \_\_\_\_\_ Accounting: \_\_\_\_\_ Executive Director: \_\_\_\_\_ Membership Director: \_\_\_\_\_