

Temple Beit Torah
2019/20 MEMBERSHIP AGREEMENT

Each adult member attests to, and agrees, by his and/or her signature below that:

- (1) The information contained in the attached Membership Information Form and this Agreement (hereinafter this "Agreement"), is true and correct to the best of his or her knowledge.
- (2) All members (i.e., spouses, partners) of my household are listed on this Agreement.
- (3) He and/or she will be bound and abide by this Agreement, Temple Beit Torah bylaws and all resolutions and other official acts and policies of the Board of Directors (hereinafter referred to as "Governing Policies"). In addition, he and/or she will be bound by any amendments to these Governing Policies as such may be amended from time to time.
- (4) He and/or she will pay dues, or any other financial obligation undertaken by said member or inherent in Temple membership in a timely manner.
- (5) Full dues or first partial payment shall accompany this agreement. As per the TBT bylaws, minimum dues payments, even when requesting dues variance, are \$180 annually for singles or \$360 annually for families.

This Agreement, as periodically modified by Governing Policies, is in effect unless terminated, in writing, by the Temple or by the member, or otherwise modified, in writing, by said parties. Termination of this Agreement in the middle of the fiscal year will not relieve the members of his or her unpaid financial obligations accruing prior to termination.

Please indicate dues category:

- | | |
|--|--|
| <input type="checkbox"/> Mitzvah Family Member (\$2,100) | <input type="checkbox"/> Mitzvah Individual Member (\$1,050) |
| <input type="checkbox"/> Chai Family Member (\$1,800) | <input type="checkbox"/> Chai Individual Member (\$900) |
| <input type="checkbox"/> Standard Family Member (\$1,380) | <input type="checkbox"/> Standard Individual Member (\$690) |
| <input type="checkbox"/> Dues Variance (*amount requested) \$_____ | |

****Please include a letter of explanation to the Treasurer in care of the temple office.
All requests and arrangements will be held in confidence.***

Please select payment schedule:

- | | |
|---|--------------------------|
| Annually (due in full by September 1) | <input type="checkbox"/> |
| Quarterly (due by end of each quarter: Sep 30, Dec 31, Mar 31, June 30) | <input type="checkbox"/> |
| Monthly (due by the end of each month beginning in July) | <input type="checkbox"/> |

****Please allow me to pay my dues via credit card (Please see reverse)**

- | | | |
|---|--------------------------------|---------------------------------------|
| Please send dues statements via | <input type="checkbox"/> email | <input type="checkbox"/> regular mail |
| Please send my/our monthly Bulletin by | <input type="checkbox"/> email | <input type="checkbox"/> regular mail |

I/We, the undersigned, have read, understand and agree to be bound by the terms of the foregoing Membership Agreement this _____ day of _____, 20____.

Adult #1: _____
Signature Date

Adult #2: _____
Signature Date

TBT Credit Card Payment Form

Temple Beit Torah is using a secure credit card processing system, Transnational, which is partially subsidized and run My Well Ministry. My Well Ministry, which is being used by several fellow URJ congregations, offers this service to non-profit faith organizations. Eventually members will be provided the opportunity to pay both dues and donations via a link on the TBT website. However, the TBT website is currently under development. In the interim, dues payments and donations can be made on a one-time or recurring basis by providing the following information. All credit card information will be held securely and be entered for payment by the TBT Treasurer.

I _____ authorize Temple Beit Torah to charge my dues to
(PRINT NAME)

my credit card. I understand that my dues will be charged on or about the dates below. I understand that I must request in writing that this charge be discontinued or modified and allow 10 business days for this request to take effect.

NAME on Credit Card:

MAILING ADDRESS:

Street or Box:

City, State:

Zip Code:

BILLING ADDRESS (If Different):

Street or Box:

City, State:

Zip Code:

PHONE NUMBER:

E-MAIL:

CREDIT CARD TYPE (circle one: Visa, MasterCard, Discover)

CC#: _____

Exp. Date: ___/___ 3 Digit Code (CVW): _____

Signature of Card Holder: _____

PAYMENT OPTIONS (Select One):

- Mitzvah Family Member (\$2,100) Mitzvah Individual Member (\$1,050)
- Chai Family Member (\$1,800) Chai Individual Member (\$900)
- Standard Family Member (\$1,380) Standard Individual Member (\$690)
- Dues Variance (*amount requested) \$_____

PAYMENT SCHEDULE (Select One):

One-time payment of full amount (on or about July 31)

OR

RECURRING (Select One): Payment will be charged on or about the following dates

Semiannual (Jul 31, Dec 31)

Quarterly (due by end of each quarter: Sep 30, Dec 31, Mar 31, June 30)

Monthly (due by the end of each month beginning in July)

OPTIONAL:

3% additional fee added to each payment to help TBT defray the costs of the credit card processing fees