



Membership/ High Holy Day Request/Accounting Form – 5775/2015

Last Name: _____ First Name(s): _____

Address: _____

City/State/Zip: _____ Email: _____

Home Phone: _____ Cell: _____

1. **Membership Dues (from chart on page 2 of this form)**..... \$ _____

Please refer to your July 1, 2015 statement for additional financial obligations

Number of member tickets (from chart on page 2 of this form) _____

2. **Security Assessment**..... \$ **100.00**

TOTAL AMOUNT ENCLOSED FOR DUES/SECURITY..... \$ _____*

* PAYMENT OPTIONS: (a) Return this form with your payment *in full* by check (# _____) or credit/debit card (Visa, MasterCard, Discover or American Express). (b) You can request a payment plan with a minimum deposit equal to three months' payments (total dues + security ÷ 12 x 3) when this form is submitted in order to receive your tickets. See page 2 of form for additional information.

Credit/Debit card number _____ Expiration date _____

3. **Additional FAMILY MEMBER HHD tickets (not part of your membership):**

Number of additional tickets @ \$136.00 each = _____ \$ _____

4. **Non-Member HHD tickets @ \$180.00 each:** _____ \$ _____

4a. **Non-Member child/student tickets @ \$90 each (ages 11 thru 23):** _____ \$ _____

Name, address and e-mail of each ticket holder _____

5a. Children's Programming (ages 2-10 as of 9/14/15) # _____ @ \$54.00* \$ _____

5b. Children attending Junior Congregation (ages 9-12 as of 9/14/15) # _____ @ \$18.00* \$ _____

6. Yizkor Memorial Book: (number of names – please attach form) _____ @ \$18.00 \$ _____

7. High Holy Day Greeting: (number of listings – please attach form) _____ @ \$10.00 \$ _____

8. **Friend of JTS (Jewish Theological Seminary) – min. \$36 donation (optional)** \$ _____

Friends of JTS is the national synagogue fundraising network bringing Conservative Jewish communities into a committed partnership with JTS. Your support will raise funds for scholarships, enabling students to reach their academic and leadership potential.

9. **Additional Chesed donation (optional)**..... \$ _____

Congregation Shaarei Kodesh is proud to provide chesed for those individuals who need financial assistance. We invite you to consider donating to help us fulfill this holy task.

* Refer to child care form for more information

TOTAL ENCLOSED \$ _____

Note: Items 3 thru 9 cannot be added to payment plan

You must be a member in good standing in order to receive High Holy Day tickets.

Visit our website to pay using PayPal.

Please print legibly • Make checks payable to Congregation Shaarei Kodesh.

Congregation Shaarei Kodesh • 19785-4 Hampton Drive • Boca Raton, FL 33434

Phone: (561) 852-6555 • Fax: (561) 852-3604

E-mail: office@shaareikodesh.org • Website: www.shaareikodesh.org



Membership Dues/High Holy Day Ticket Information 5776/2015

CATEGORY	DUES	CHECK OR CASH DISCOUNT	HIGH HOLY DAY TICKETS WITH MEMBERSHIP
Family	1350.00	1296.00	All family members including children up to age 23*
Senior Family	980.00	945.00	2 – One member must be over age 70*
Young Family	900.00	865.00	All family members (both adults must be under age 35*)
Senior Single	535.00	515.00	1
Assoc. Family	645.00	620.00	0 (Category requires membership at another synagogue)
Individual	645.00	620.00	1
Single Parent Family	980.00	945.00	All family members including children up to age 23*
Young Couple**	480.00	460.00	2 – Both members must be under age 35*
Young Single**	254.00	245.00	1 – Member must be under age 35*
Assoc. Single	480.00	460.00	0 (Category requires membership at another synagogue)

* As of 7/1/2015

** Please call the office for special first year rates

All family units will be assessed a \$100.00 security fee. This fee may be added to your payment plan.

You may sign up for a payment plan to pay your dues and certain other financial obligations over a period of up to 12 months. You must provide a credit or debit card. Please see below for details.

No one will be refused membership for inability to pay dues in full. Please let the office know if you would like our Chessed representative to contact you regarding dues abatement. All information is kept confidential.

REQUEST FOR PAYMENT PLAN OF 2015-16 SYNAGOGUE FINANCIAL OBLIGATIONS (Optional)

Note: A minimum deposit equal to three months' payments (total dues + security ÷ 12 x 3) is due when this form is submitted in order to receive your HHD tickets.

PLEASE READ CAREFULLY! Your payment plan can include your dues, Religious School tuition (registration form required), B'nai Mitzvah fees and Security Assessment. You may also choose to include your Kol Nidre pledge to your payout by checking the box below. A separate Payment Plan Authorization Form will be prepared by the office and presented to you for your signature. By signing the form, you are authorizing Congregation Shaarei Kodesh to charge your credit/debit card according to the schedule you have chosen.

☐ Monthly (October 2015 thru June 2016, once deposit has been paid)

☐ Semi-annual (July 2015 and January 2016)

☐ Please add my Kol Nidre pledge to my Payment Plan.

I acknowledge that CSK is offering a Payment Plan as a convenience to me and that my payments will be credited to my financial obligations at the discretion of Congregation Shaarei Kodesh. The signed Payment Plan Authorization Form will remain in force until all the aforementioned obligations have been paid in full.

Should I resign my membership after submitting the Payment Plan Authorization Form or registering my child(ren) for Religious School, I understand that I am not entitled to any refund, rebate or discount and that certain financial obligations must be paid in full. (Contact office for details.)

Member's Signature _____ Date _____

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