



Congregation Beth Am 2019-2020 Membership Pledge Form

Adult Member 1	Home Address & Phone:	Adult Member 2
Name:		Name:
Email:		Email:
(cell)		(cell)
(work)	(home)	(work)

Step 1: Please complete all information above. Please print clearly.

*** Please take special care to ensure that if you have an email address that it is shown accurately above. ***

Step 2: Please select a dues pledge of your choice in the amount of 1.5% to 2.5% of your annual income.

Here are some examples as to how to apply these guidelines:

Example one: A member family with \$60,000 in annual income would select an amount of their choosing between \$900 and \$1500.

Example two: A member family with \$120,000 in annual income would select an amount of their choosing between \$1800 and \$3000.

Example three: A member family with \$180,000 in annual income would select an amount of their choosing between \$2700 and \$4500.

Only annual income up to a maximum of \$300,000 for a one-adult family and \$400,000 for a two-adult family should be considered when applying the 1.5% to 2.5% guidelines. Dividend and interest income should be included in annual income. If you desire additional guidance on how to apply these guidelines to your own situation, feel free to contact the office and/or to consult the dues structure FAQ document found under "Membership" on the Congregation Beth Am website (www.congregation-betham.org).

Please Enter Dues Pledge Here: _____

Step 3: Optional Acknowledgement

Congregation Beth Am will never publicly reveal the actual amount of any member family's pledge. However, at the end of the membership year Congregation Beth Am will publicly acknowledge (for example, in our newsletter, **The Voice**), the total number of member families whose fulfilled dues pledges meet one of the following criteria:

- (1) Two-adult member families whose fulfilled dues pledge is at least \$4230
- (2) One-adult member families whose fulfilled dues pledge is at least \$2640
- (3) Any member family whose fulfilled dues pledge is at least \$2115 if that amount exceeds 2% of its annual income.

Each member family meeting any one of these criteria will have the choice of being listed either as "Anonymous" or being listed by name. That decision is entirely up to each member family.

(optional): Will your pledge, once fulfilled, satisfy any one of the three criteria above? Yes No

If yes, do you desire to be recognized by name for your fulfilled pledge, or to be anonymous?

- Acknowledge by name as: _____
- Anonymous

(over, please)

Step 4: Please consider the following affiliated organizations you may want to join:

ARZA - The Association of Reform Zionists of America is an organization whose mission is to strengthen and enrich the Jewish identity of Reform Jews in the United States by ensuring a connection with Eretz Yisrael (The State of Israel).

ChAmPY - Our High School Youth Group for 9th - 12th graders.

	Annual Amount		# of Participants	Annual Total
<input type="checkbox"/> ARZA	\$36	x		\$
<input type="checkbox"/> ChAmPY	\$36	x		\$

ARZA and ChAmPY fees are added to your July payment (the first payment of the new year).

Step 5: Please select your Payment Schedule:

- Single annual payment:** 1 payment due July 15, 2019
- 10 equal payments: 15th of each month:** July 2019 - April 2020

(Please contact the office at 847-383-5017 if you require a different option.)

Step 6: Please select if you wish to reduce the number of monthly billing statements received:

- Do not send monthly billing statements (available for auto payment)

Step 7: Please select your Method of Payment:

- Payment by personal check.** Available only for single annual payment or by special arrangement with office.

- Payment(s) by automatic bank withdrawal from checking account:**

The bank account listed below will have an automatic withdrawal on the 15th day of each month according to the payment schedule selected above. **IF PAYING BY AUTOMATIC BANK WITHDRAWAL PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM.**

Bank Name	Account Number	Routing Number

- Payment(s) by credit card:**

The credit card listed below will automatically be charged on the 15th day of each month according to the payment schedule selected above.

If you choose to pay by credit card, please consider adding 3% to your total monthly payment to offset credit card fees. **Yes, add an additional 3% to my total monthly payment** **No, do not add 3%**

Credit Card Number	Expiration Date	Zipcode of Card Billing Address	Name (as on the credit card)

Step 8: Please sign below.

I hereby make my annual membership pledge to Congregation Beth Am. Beth Am financial commitments must be current in order to receive High Holy Day tickets and other temple services. I understand that due to budgetary and planning needs, dues are for the entire year and are not refundable, even if I choose to resign mid-year. I will provide written notice to the Beth Am office if I wish to discontinue membership. Verbal notice or voice mail does not constitute an official resignation. If I fail to complete an annual pledge form in future years, but my membership has not been officially discontinued, dues may be continued to be charged in the manner listed above for future years at a rate increased by no more than 10% over the previous year. Permission is granted to send announcements, news and updates to my email address. My signature confirms my agreement to abide by the terms and conditions of membership.

Signature: _____

Date: _____