



FISCAL YEAR 2014-15 MEMBERSHIP PAYMENT OPTIONS

Your prompt payment of membership dues allows Congregation Shaarey Tefilla to budget and operate efficiently throughout the entire fiscal year which is from July 1st-June 30th. **Please select a payment option below and return this completed form by August 1st.** Please keep in mind that we would like to continue to have all of our members in good standing so that you may continue to participate in all that our synagogue offers. Thank you for your cooperation.

Membership Type *Includes High Holiday Seat(s) and USCJ Dues	1 Payment Due by August 1	2 Payments Due by August 1 & February 1	4 Payments Due by August 1, October 1, December 1 & February 1	8 Payments Due by Aug. 1, Sept. 1, Oct. 1, Nov. 1, Dec. 1, Jan. 1, Feb. 1 & Mar. 1
Amud* (A Mitzvah if you wish)	\$2,675	\$1,337.50	\$668.75	\$334.38
Couple* (With or without Children)	\$1,675	\$837.50	\$418.75	\$209.38
Single with Children*	\$1,125	\$562.50	\$281.25	\$140.63
Single without Children*	\$875	\$437.50	\$218.75	\$109.38
Young Associate* (Under Age 30)	\$100			
Charter (Membership units carried over from UHOC)	\$100			
Associate (Primary membership at another congregation – USCJ dues included)	\$600			

Please choose one of the following payment methods:

- Enclosed are my post-dated checks according to the payment schedule chosen above.
- Please charge my credit card or debit card according to the payment schedule chosen above.**
 ___VISA ___MasterCard ___Discover Credit Card Number: _____
 Expiration Date: Month ___/Year _____ 3 digit security code on back of card _____
 Name & Address associated with Credit Card _____
- Payment will be via Pay Pal on our Congregation Shaarey Tefilla website at www.shaareytefilla.org according to the payment schedule chosen above.**
 **A 4% processing fee will be assessed.
- Will call the CST office to discuss the dues structure with the dues assessment committee.

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

