

**2017 – 2018 MEMBERSHIP DUES PLEDGE FORM**

Member 1 Name \_\_\_\_\_ Member 2 Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Home Phone #1 \_\_\_\_\_ Home Phone #2 \_\_\_\_\_  
 Cell Phone #1 \_\_\_\_\_ Cell Phone #2 \_\_\_\_\_  
 Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

<b>MEMBERSHIP RATES</b>	<b>Age</b>	<b>Household dues</b>
	Up to 33	\$530
	34 – 69	\$2,650
	70 and over	\$1,200
	New Members	\$1,400

**HONOR CATEGORIES**

Supporting Member add \$500 in addition to applicable membership level  
 Sustaining Member add \$1,500 in addition to applicable membership level  
 Benefactor add \$3,000 or more in addition to applicable membership level

**CALCULATE TOTAL**

\*My/our synagogue dues for the 2017-2018 year is \$ \_\_\_\_\_  
 \*My/our honor contribution for the 2017-2018 year is \$ \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_

I/We will be paying the following installments (please check one and fill in payment amount):

- One-payment plan \$ \_\_\_\_\_ 100% due July 1, 2017
- Two-payment plan \$ \_\_\_\_\_ 50% due July 1, 2017, & 50% due January 1, 2018
- Four-payment plan \$ \_\_\_\_\_ 25% due July 1, 2017; October 1, 2017; January 1, 2018; April 1, 2018

*In order to make payments under the installment plan, The SMS requires automatic credit card payments.*

\_\_\_ Master Card \_\_\_ Visa Card #: \_\_\_\_\_ EXP Date: \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder's name as it appears on the card: \_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_

I authorize payments to be made according to the schedule above, and authorize The Santa Monica Synagogue to continue to charge the above credit card for the same periodic amounts agreed to be paid in this membership year until: (1) I have sent The SMS written notification of membership termination prior to the start of the next fiscal year; (2) I have made alternate arrangements with The SMS Financial Committee, or; (3) I have sent in completed membership forms prior to the start of the next fiscal year electing a different payment schedule.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I would like to apply for financial assistance. Please have someone from the Financial Committee contact me.

*\*Our budget planning and commitments to staff and programming are based upon the dues received. Therefore, dues are non-revocable and donations are non-refundable*