

## 2020-2021 TEMPLE SHIR SHALOM MEMBERSHIP FORM

Membership Category Annual Financial Commitment (please check one box below):

Membership Type/ Payment	Mitzvah Gold	Mitzvah Silver	Family	Senior Couple (over 65)	Adult Couple (both under 65- no kids or kids over 26)	Single Adult	Senior Adult (over 65 no one under 26 at home)	Young Single (Age 26-30)
Annual	<input type="checkbox"/> \$1800	<input type="checkbox"/> \$1398	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$680	<input type="checkbox"/> \$860	<input type="checkbox"/> \$680	<input type="checkbox"/> \$400	<input type="checkbox"/> \$360
Semi-Annual	<input type="checkbox"/> \$900	<input type="checkbox"/> \$ 699	<input type="checkbox"/> \$600	<input type="checkbox"/> \$340	<input type="checkbox"/> \$430	<input type="checkbox"/> \$340	<input type="checkbox"/> \$200	<input type="checkbox"/> \$180
Quarterly	<input type="checkbox"/> \$450	<input type="checkbox"/> \$ 349.50	<input type="checkbox"/> \$300	<input type="checkbox"/> \$170	<input type="checkbox"/> \$215	<input type="checkbox"/> \$170	<input type="checkbox"/> \$100	<input type="checkbox"/> \$ 90

\*College students with valid student ID – free

**\*Please consider donating 10% above your financial commitment to help Temple Shir Shalom Sustain and Grow**

**Yes, I would like to be a TSS MENSCH! Please bill me an additional \$ \_\_\_\_\_**

(If electing semi-annual or quarterly payments, please see dates below that payments are due)

<b>Quarterly</b>	July 1 <sup>st</sup>	Oct 1 <sup>st</sup>	Jan 1 <sup>st</sup>	April 1 <sup>st</sup>
<b>Semi-Annually</b>	July 1 <sup>st</sup>		Jan 1 <sup>st</sup>	

### Member Signatures:

Adult #1: \_\_\_\_\_  
*Print Name*
*Signature*
*Date*

Adult #2: \_\_\_\_\_  
*Print Name*
*Signature*
*Date*

### PAYMENT INFORMATION:

Make checks payable to Temple Shir Shalom.

***Please mail this completed form and commitment payment to:***

**Temple Shir Shalom  
 Attention: Membership  
 P.O. Box 623182  
 Oviedo, Florida 32762-3182**

<b>Pay by Credit Card (circle one)</b>	
Name on Card _____ Street Address _____ _____ Zip _____ Credit Card Number _____ Expiration Date _____	
<input type="checkbox"/> Use my credit card information for future charges. I understand my credit card will be charged automatically for my dues and all other Temple expenses I incur.	
Signature _____	

**No one will be denied Temple Membership or Religious School Enrollment due to their financial status. Members requesting financial assistance must request and submit a Financial Assistance Form. All requests will be treated confidentially and require approval by the President and Treasurer of Temple Shir Shalom. To request a form or for any questions, send an email to [treasurer@templeshirshalom.org](mailto:treasurer@templeshirshalom.org).**