

2021-2022 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) <i>*This is a NEW Category</i>	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 MENSCH and donate an extra 10% above my annual commitment fee: Please bill me an additional

\$ _____

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

Quarterly	July 1 st	Oct 1 st	Jan 1 st	April 1 st
Semi-Annually	July 1 st		Jan 1 st	

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

Pay by Credit Card (circle one)			
Name on Card _____			
Street Address _____			
Zip _____			
Credit Card Number _____			
Expiration Date _____			
By filling this section out, I agree to the use of 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 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/Co President and Treasurer of Temple Shir Shalom. To request a form or for any questions, send an email to treasurer@templeshirshalom.org.

Building Fund: All members are obligated to contribute to our current Temple Building Fund. Family membership is \$1,000. Single and Senior memberships are \$500. They will be payable over 4 years