

2022-2023 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"/> \$1854	<input type="checkbox"/> \$1440	<input type="checkbox"/> \$1236	<input type="checkbox"/> \$680	<input type="checkbox"/> \$885.80	<input type="checkbox"/> \$700.40	<input type="checkbox"/> \$412	<input type="checkbox"/> \$370.80
Semi-Annual	<input type="checkbox"/> \$927	<input type="checkbox"/> \$720	<input type="checkbox"/> \$618	<input type="checkbox"/> \$340	<input type="checkbox"/> \$442.90	<input type="checkbox"/> \$350.20	<input type="checkbox"/> \$206	<input type="checkbox"/> \$185.40
Quarterly	<input type="checkbox"/> \$463.50	<input type="checkbox"/> \$360	<input type="checkbox"/> \$309	<input type="checkbox"/> \$170	<input type="checkbox"/> \$221.45	<input type="checkbox"/> \$175.10	<input type="checkbox"/> \$103	<input type="checkbox"/> \$92.70

*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