

Annual Voluntary Membership Pledge and School Fees

Check here if your contact or family information has changed. Please notify the office using the CBS Family Changes form available from the office.

Congregant Family Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Main E-Mail Address: _____

Step 1: Select your annual membership pledge # Years Affiliated with CBS: _____

Thank you so much for considering Congregation Beth Shalom as your spiritual home! Inasmuch as we have implemented a voluntary pledge structure, please note that the *sustaining amount* required to fund CBS's activities for the new fiscal year requires an estimated average membership pledge of \$1,150. Hopefully you can find it within your heart and budget to pledge at least this amount.

Founder*	Benefactor*	Mensch*	Provider*	Supporter*	Chai*	Suggested/other*
\$7,200	\$4,200	\$3,000	\$2,000	\$1,200	\$600	\$1,150
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(\$600/mo)	(\$350/mo)	(\$250/mo)	(\$167/mo)	(\$100/mo)	(\$50/mo)	\$

* Pledges of \$600 or more are eligible for family High Holy Day tickets.

Step 2: Total Fiscal Year Commitment with School Fees

Total Membership Pledge Commitment Selected from Step 1	\$
Total from Religious School Registration Report (for re-enrolling students)	\$
Total from New Religious School Enrollment forms (newly enrolled students)	\$
Donation to CBS's Scholarship Fund – help fund religious education for deserving children	\$
Total Fiscal Year Commitment – enter here and on Step 4	\$

Step 3: Register for your auxiliaries (with separate checks)

Auxiliary	# to Register	\$ Amount	\$ Total
Sisterhood (Separate check payable to CBS Sisterhood)		\$36.00	
Men's Club (Separate check payable to CBS Men's Club)		\$36.00	
USY (Separate check payable to CBS USY)		\$75.00/\$70.00*	
Kadima (Separate check payable to CBS USY)		\$50.00/\$45.00*	

* USY: First child @ \$75 and additional children at \$70 each. Kadima: First child @ \$50 and additional children at \$45 each.

Membership related forms are available at www.cbs-scv.org/about-us/membership and www.cbs-scv.org/inside-cbs.

*Did you know... that CBS's scrip program is easy to use and equally benefits you and CBS?
 Visit the CBS website, or contact the synagogue office for more information!*



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Step 4: Select Your Payment Plan – all financial commitments are due in full by May 31, 2017

- My check payable to Congregation Beth Shalom for the full selected amount is enclosed.
- Charge my Visa or MasterCard designated below for the full amount selected.
- Charge 50% to my credit card shown below now and the balance on December 15, 2016.
- Design Your Own Contribution Plan (below) – Must be paid in full by May 31, 2017
 - Down Payment: \$_____ by check or charge the credit card designated below.
 - Charge the remaining balance of \$ _____ to my credit card designated below
 - \$_____ per month for _____ months.

Credit Card: Type MC/Visa Card Number: _____ Exp: _____

Authorizing Signature: _____

Step 5 – Personally Identifiable Information (PII)

CBS publishes an annual membership roster that includes members’ contact information and children’s names. All such information will be included in this roster unless you provide opt out instructions on the enclosed form.

- Please check this box if you elect to provide the PII opt out instruction form.*

Step 6 – Sign Your Pledge

Congregant Pledge

I/We understand that:

1. Based upon our pledge and the pledges of other congregants, CBS has made commitments to clergy, administrative staff, teachers and others necessary to our synagogue’s operations and religious school.
2. I/We have selected the payment plan selected above.
3. My/Our obligations will be current and any special fees paid prior to any simcha (wedding, B’nai Mitzvah, baby naming) provided by CBS.
4. Due to the nature of CBS’s voluntary pledge structure the Board of Trustees reserves the right to request or assess further financial support from its members in the event of a revenue shortfall.

_____/_____
Name & Signature Date

_____/_____
Name & Signature Date