

Temple Beth Am

2020-2021 Payment Form

Please check: _____ Renew the same as last year.
 There are no changes to my account.
 _____ Update account as noted below

Member Information/Update

Member Name(s) _____ Date _____

Home # _____ Cell _____ Spouse Cell _____

Email(s) _____

TBA correspondence is sent electronically unless otherwise specified. Please write "MAIL" if you would like to receive via USPS.

Temple Dues (Family \$1780 / Single \$890 / Assoc \$180pp*) \$ _____

Building Maint & Repair Fee (Family \$250 / Single \$150) \$ _____

Security Fee (Family \$150 / Single \$90) \$ _____

High Holy Day Appeal \$ _____

Book of Remembrance _____ Names x \$18 each = \$ _____

_____ I would like to REPRINT the names I had last year

_____ I will contact office & provide names

Other _____ \$ _____

* Associate membership - must provide documentation validating dues paying membership of another synagogue.

High Holy Day Seating - Upgrades & Additional

Please note that a proportional amount of membership dues/fees and all ticket costs must be paid in full prior to the release of the tickets.

_____ Sanctuary Upgrades @ \$300 each (Seat _____) \$ _____

_____ Mezzanine Upgrades @ \$225 each (Seat _____) \$ _____

_____ Student Tickets (8th Grade through College): \$ _____ **N/C**

List Names & Grades _____ / _____

_____ / _____

_____ Additional Service Tickets for family @ \$100 each: \$ _____

List Name/Relation _____ / _____

_____ / _____

I agree to the charges/fees listed above. I authorize Temple Beth Am (TBA) to publish photographs of myself and/or my child(ren), and our names for use in TBA print, online and video-based marketing materials and release TBA and their representatives from all claims and liability relating to said photographs/media.

Member Signature

Email address

PLEASE SELECT A PAYMENT PLAN AND COMPLETE THE APPROPRIATE SECTION

Payment in Full: A payment of \$_____ is enclosed

50% Now and 50% by December 31st, 2020:

Payment of \$_____ is enclosed; balance of \$_____ will be paid by December 31, 2020

Monthly payments as indicated below: Payments must end no later than the June, 2021

First payment of \$_____ (minimum 20% of balance) due at renewal. Balance paid as follows:

Jul 2020 \$ _____	Oct 2020 \$ _____	Jan 2021 \$ _____	Apr 2021 \$ _____
Aug 2020 \$ _____	Nov 2020 \$ _____	Feb 2021 \$ _____	May 2021 \$ _____
Sep 2020 \$ _____	Dec 2020 \$ _____	Mar 2021 \$ _____	Jun 2021 \$ _____

I agree to the payment plan indicated above and understand that all payments are due each month. This agreement is subject to acceptance by Temple Beth Am.

Member Signature Date

CREDIT CARD AUTHORIZATION

Please check one: _____ Use credit card on file
_____ Use card as noted below

Name as it appears on Card: _____

Billing Street address _____

Billing City _____ Billing State: _____ Billing Zip: _____

Card Type: MasterCard Visa American Express Discover

Credit Card Number: _____

Expires: _____ CV# or Security Code: _____

I (We) hereby approve and authorize Temple Beth Am, Margate, Florida to charge my (our) Credit Card for all dues/fees as noted on our 2019-2020 payment plan. Your Credit Card statement is your receipt.

Signature: _____ **Date:** _____

PLEASE NOTE: Paying by credit card costs Temple Beth Am an average of 3% in processing fees per transaction. help us defray the additional cost to the Temple by checking "YES" below.

v Please add an additional 3% tax deductible contribution to my bill. YES NO

Member Signature Date