

**TEMPLE BETH HILLEL-BETH EL**  
1001 REMINGTON ROAD, WYNNEWOOD, PA 19096  
**2023-2024 MEMBERSHIP COMMITMENT FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

All Membership and Patron commitment options include single children up to age 25

**PLEASE COMPLETE THE REVERSE SIDE AND TRANSFER TOTAL TO THIS PAGE**

**PLEASE COMPLETE AND RETURN FORM WITH YOUR FIRST PAYMENT BY JULY 17, 2023**

Total \$ \_\_\_\_\_  
Payment Enclosed \$ \_\_\_\_\_  
Balance \$ \_\_\_\_\_

**PAYMENT PLANS | Must be selected for membership to be processed**

Cash/Check ☐ Payment in full ☐ Monthly payments (July-May)

Credit Card A 3% convenience fee of the total annual amount will be applied to the first payment. Charge my card as follows:

☐ Payment in full ☐ Two payments (July & Dec.)  
☐ Quarterly (July, Sept., Dec., & March) ☐ Monthly payments (July-May)

**Request for Dues Adjustment**

☐ Request for financial adjustment and/or special payment arrangements must be submitted to the Special Adjustment Committee c/o the Executive Director and enclosed with this form by July 17th.

I/we agree to accept the responsibilities and privileges of membership at Temple Beth Hillel-Beth El and to pay the total of all financial obligations for the above payment plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT CARD INFORMATION | Visa, MasterCard or American Express Only**

Name/s as appear on card \_\_\_\_\_

Authorization Signature \_\_\_\_\_

☐ Visa ☐ MasterCard ☐ American Express

Card Number \_\_\_\_\_

Expiration Date | 6/24 or later \_\_\_\_\_

CVV Code | 3 or 4 digit code \_\_\_\_\_

Name \_\_\_\_\_

PLEASE COMPLETE SECTIONS A AND B

A. SELECT ONE OF THE COMMITMENT OPTIONS BELOW

PATRON COMMITMENT OPTIONS*	AMOUNT	
<input type="checkbox"/> GUARDIAN .....	\$4,500 - \$5,499	\$ _____
<input type="checkbox"/> BUILDER .....	\$5,500 - \$7,499	\$ _____
<input type="checkbox"/> SUSTAINER .....	\$7,500 - \$9,999	\$ _____
<input type="checkbox"/> BENEFACTOR .....	\$10,000 - \$19,999	\$ _____
<input type="checkbox"/> VISIONARY.....	\$20,000 and above	\$ _____
<input type="checkbox"/> Check here if you wish your Patron commitment to be anonymous.		

VOLUNTARY ADDITIONAL SECURITY CONTRIBUTION \$ \_\_\_\_\_

\*Fees for security and synagogue Affiliate Groups are **included** for Patrons. Please select your groups in PART B.  
A single adult household member may choose to deduct \$1,000 from the Patron commitment option.

TRADITIONAL COMMITMENT OPTIONS | based on ages as of July 1st

<input type="checkbox"/> SUPPORTER   household/age based commitment plus \$500	\$ _____
<input type="checkbox"/> PARTNER   household/age based commitment	
30 years and under .....	1 Adult Household \$180 ..... 2 Adult Household \$360 ..... \$ _____
31-34 years old .....	\$805 ..... \$1,635 ..... \$ _____
35-64 years old .....	\$1,635 ..... \$2,885 ..... \$ _____
65-89 years old .....	\$1,480 ..... \$2,530 ..... \$ _____
Clergy .....	\$1,480 ..... \$2,530 ..... \$ _____
90 and above .....	Optional Donation ..... \$ _____

☐ SECURITY | Included for Patrons. Required for Supporters and Partners | \$350 \$ \_\_\_\_\_

☐ VOLUNTARY ADDITIONAL SECURITY CONTRIBUTION \$ \_\_\_\_\_

NEW MEMBER DISCOUNT

☐ FIRST YEAR DISCOUNT | 50% DISCOUNT \$ \_\_\_\_\_  
from above household commitment (excludes ECC affiliated families)

☐ FIRST YEAR ECC AFFILIATED FAMILIES | 25% DISCOUNT \$ \_\_\_\_\_  
from above household commitment

B. PLEASE COMPLETE OTHER DONATIONS AS APPLICABLE

Synagogue Affiliate Groups \$ \_\_\_\_\_

☐ Men's Club | \$54   ☐ Sisterhood | \$36   ☐ Havurah | \$18 per family  
☐ Boomers | \$0   ☐ L'chaim | \$18 suggested

TBH-BE Scholarship/Assistance Programs \$ \_\_\_\_\_

☐ Mentor | \$180   ☐ Sponsor | \$72   ☐ Friend | \$36   ☐ Other

United Synagogue of Conservative Judaism Affiliated Program Donations \$ \_\_\_\_\_

☐ USCJ | \$18   ☐ Masorti | \$18   ☐ JTS | \$18   ☐ Perelman JDS | \$18

Total \$ \_\_\_\_\_