



for all the days of your life

Application for Membership Dues Financial Arrangements

For Internal Use ONLY	
Member ID:	_____
Membership Type:	_____
Total Dues: \$	_____
Adjusted Dues: \$	_____
Date:	_____
Exec. Dir.:	_____ Admin. Dir.:
Date Posted:	_____
Financial Director Initial:	_____

Request for membership dues financial arrangements must be submitted on a yearly basis. All requests must be submitted by **July 31, 2011**. No one will be denied membership due to financial circumstances. Our policy allows for accommodation from the dues schedule to reflect individual financial capability. **All information is kept strictly confidential.**

PLEASE PRINT CLEARLY

Member 1: _____ Age: _____

Member 2: _____ Age: _____

Home Address: _____ Phone: _____

Email 1: _____ Email 2: _____

Occupation (Member 1): _____ Occupation (Member 2): _____

Number and age of dependent(s): _____ Tuition payments for dependent(s): _____

Income (from 2010 Total Adjusted Gross Income from your Tax Return):

- Under \$50,000 \$51,000–75,000 \$76,000–99,000 \$100,000–125,000 \$126,000–250,000 Over \$250,000

Monthly rental or mortgage payment (including assessment if applicable): _____

Car Payments: _____ Other Expenses: _____

Please explain significant financial obligations and specific reasons for this dues adjustment request (This question must be answered in order for your application to be considered.)

Do you expect your income for the coming year to be significantly different? Please explain: _____

In addition to Membership Dues, will you need Financial Assistance for:

Anshe Emet Religious School Tuition: _____ Bar/Bat Mitzvah Fees: _____

I (we) request our total 2011 membership dues (excluding religious school and bar/bat mitzvah fees) be adjusted to \$ _____, payable on these terms:

100% Payment Enclosed based on what was requested:

- Check enclosed payable to Anshe Emet Synagogue
- Credit Card to be charged
(Please fill-out the Credit Card Authorization Form on the last page)

50% Payment Plan based on what was requested:

- Check enclosed payable to Anshe Emet Synagogue in the amount of \$ _____
(Balance will be billed to the members(s) and is payable by December 15, 2011)
- Credit Card – 50% to be charged now and 50% on December 15, 2011)
(Please fill-out the Credit Card Authorization Form on the last page)

Personalized Payment Plan based on what was requested:

- Check enclosed payable to Anshe Emet Synagogue in the amount of \$ _____
- Credit Card

Payment Schedule			
Date	Amount	Date	Amount
Initial Payment		January 1, 2012	
August 1, 2011		February 1, 2012	
September 1, 2011		March 1, 2012	
October 1, 2011		April 1, 2012	
November 1, 2011		May 1, 2012	
December 1, 2011		June 1, 2012	

Visa MasterCard

(We do not accept American Express or Discover)

Today's Date: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code (3 digits on back of card): _____

All outstanding balances will be billed the first of each month.

I/We agree to make the payments listed on this payment plan form and charge them to my credit card. I/We understand that the payment plan above is subject to the approval of the synagogue.

Cardholder Signature: _____

Please return this application to:

Anshe Emet Synagogue
Sari Rubin, Director of Administration
3751 North Broadway
Chicago, IL 60613-4014
(773) 868-5139 or srubin@AnsheEmet.org