



for all the days of your life

Application for Membership Dues Financial Arrangements 2016-2017

For Internal Use ONLY	
Member ID:	_____
Membership Type:	_____
Total Dues: \$	_____
Adjusted Dues: \$	_____
Date:	_____
Executive Dir.:	_____ Membership Dir.: _____
Date Posted:	_____

Request for membership dues financial arrangements must be submitted on a yearly basis. 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): _____

It is the mission of Anshe Emet to never deny membership due to finances and will work with congregants to ensure they have a home at Anshe Emet. We understand that financial situations vary from year to year. If there are circumstances you wish to share, please feel free to explain in the space below.

I (we) request our total 2016-17 membership dues (excluding religious school, bar/bat mitzvah fees and security fee) 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 member(s) and is payable by December 15, 2016)
- Credit Card – 50% to be charged now and 50% on December 15, 2016)
(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, 2017	
August 1, 2016		February 1, 2017	
September 1, 2016		March 1, 2017	
October 1, 2016		April 1, 2017	
November 1, 2016		May 1, 2017	
December 1, 2016		June 1, 2017	

Note: Your credit card will be billed the first business day of each month.

Visa MasterCard

Today's Date: _____

Name on Card: _____

Card Number: _____

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

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
Amy Karp, Membership Director
3751 North Broadway
Chicago, IL 60613-4014
(773) 868-5139 or akarp@AnsheEmet.org