

RAMAT SHALOM SYNAGOGUE MEMBERSHIP RENEWAL FORM

June 1, 2009 to May 31, 2010

Family Last Name _____ Adult Name(s) _____

Child Name & Grade 2009-10 _____

Home Address _____ Home Phone _____ Home Fax _____

If you have any changes to the information in your current file, please attach them to this application and mail or bring them to our office, Ramat Shalom, 11301 W. Broward Boulevard, Plantation, FL 33325 Telephone (954) 472-3600 / Fax (954) 472-3622

PLEASE REFER TO THE "MEMBERSHIP INFORMATION/FEEES" SHEET TO COMPLETE THE FOLLOWING:

Membership Dues: _____	Youth Group Grades 9-12 -\$136/child: _____
Capital Campaign Donation: _____ (Each family is <u>urged</u> to participate in this fund to help reduce our mortgage balance)	T3 Program -\$136/child: _____
Maintenance Fund: _____	Youth Choir (Kochavim) -\$50/child: _____
Torah School Tuition: _____	Sisterhood Dues -\$18: _____
Bar/Bat Mitzvah Fee - \$459: _____	Membership Dues Reduction Fund: _____ (A gift of Tzedakah to assist other families)
TS Registration Fee- \$75 (after 5/31): _____	Installment Fee: _____
Youth Group Grades 3-5 -\$90/child: _____	TOTAL: \$ _____
Youth Group Grades 6-8 -\$118/child: _____	

PLEASE NOTE: *Bar/Bat Mitzvah can occur only after a 5-year minimum of Torah School education, synagogue membership and the student having reached his or her 13th birthday. *There will be no refunds after the first week of Torah School.

***Separate applications for Torah School and Youth Groups must be completed for each child.**

The congregational year for Ramat Shalom begins June 1st. I understand that membership dues are payable annually, in advance and are not transferable or refundable. Membership dues are not pro-rated. In the event that I am unable to meet any of these payments, it is my obligation and responsibility to notify the Financial Secretary to avoid losing my membership in good standing and the attendant rights. Should I require a change in the payment arrangement in the future, I will discuss this with the Financial Secretary immediately.

Signature

Date

_____ **Payment In Full** Check amount enclosed: \$ _____

_____ **Three (3) Installments** (*June 1, Sept. 1, Dec. 1, 2009) *Installment fee of \$10 per payment*

_____ **Ten (10) Installments** (*Must renew & pay first installment by May 31 for this option – Installment fee of \$10 per payment*)

PLEASE NOTE: If you are not paying in full at this time, post-dated checks OR credit card information must be included.

Am. Express, Visa or MasterCard Account Number _____ Expiration Date _____

Print Name (as it appears on credit card) _____

Credit Card Billing Address _____

Signature of Cardholder authorizing Ramat Shalom to **automatically charge the above credit card** according to the method of payment specified above. (Please note installment due dates may be adjusted for late renewers and issues such as expired or declined cards.)

Signature and Date

Whenever possible, Ramat Shalom would greatly appreciate your payment by check.

Credit card charges result in fees that utilize monies better spent on the improvement and continuation of our community.

However, if you must pay by credit card, American Express is now our preferred card due to special rate program.