

Temple Beth Am

2016 - 2017 Payment Form

Please circle one:

Renewal

New Member

Member Information/Update

Member Name: _____ 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 \$ _____

Building Maintenance & Repair Fee \$ _____

Religious School: Child 1 – Grade _____ \$ _____

Child 2 – Grade _____ \$ _____

Child 3 – Grade _____ \$ _____

Religious School Growth Fund \$ _____

Does your child attend a Hebrew Day School? _____ Name of School _____

Bar/Bat Mitzvah Fee (if before 7/1/17) Date: _____ \$ _____

**Must be paid in full with all other dues, fees and tuition 2 months before Bar/Bat Mitzvah*

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 _____ \$ _____

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 _____ / _____

_____ / _____

TOTAL \$ _____

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, 2016:
Payment of \$_____ is enclosed; balance of \$_____ will be paid by December 31, 2015
- Monthly payments as indicated below: First payment of \$_____ (minimum 20% of balance) is enclosed.
Payments must end no later than the June, 2017.

Indicate below your requested payments:

May 2016 \$ _____	Sept 2016 \$ _____	Jan 2017 \$ _____	May 2017 \$ _____
June 2016 \$ _____	Oct 2016 \$ _____	Feb 2017 \$ _____	Jun 2017 \$ _____
July 2016 \$ _____	Nov 2016 \$ _____	Mar 2017 \$ _____	
Aug 2016 \$ _____	Dec 2016 \$ _____	Apr 2017 \$ _____	

I agree to the payment plan indicated above and understand that all payments are due on the 1st of each month and become past due on the 10th. This agreement is subject to acceptance by Temple Beth Am.

Member's Signature: _____ Date: _____

CREDIT CARD AUTHORIZATION

Billing Street address: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Card Type: MasterCard Visa American Express Discover

Name as it appears on your Credit Card: _____

Credit Card Number: _____

Expires: _____

CV# or Security Code: _____

Examples of CVC code on credit cards.

Visa, MasterCard or Discover:

American Express:



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 2016-2017 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. Please help us defray the additional cost to the Temple by checking "YES" below.

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

Signature: _____ Date: _____