



The Jewish Center
PRINCETON • NEW JERSEY

2018-19 Annual Membership Dues Commitment Form

Member Name(s): _____

Address: _____

Phone: _____ Email Address: _____

Please select the dues category which best matches your level of commitment to The Jewish Center and your financial circumstances. Fulfilling your annual financial commitment allows TJC to provide spiritual, educational, lifecycle and other services to you and your fellow congregants throughout the year. –

Thank you for your support.

No one will be denied membership to TJC due to financial circumstances. If you need assistance with the financial commitment to The Jewish Center, please check here: _____. Please note this is a confidential process. For record keeping, this process must be completed each year.

Household Membership – this membership includes one or two adults in a household which includes dependent children living in the home, up to age 26.

___ \$1,622 **1 Adult Household***

*Plus capital assessment fees if applicable
Year 1-6 \$545 Years 7-12 \$278

___ \$2,686 **2 Adult Household***

*Plus capital assessment fees if applicable
Year 1-6 \$671 Years 7-12 \$335

Senior Membership – this option is offered to single and couple members both of whom are over age 65.

___ \$916 **Senior Adult**

___ \$1606 **Senior Couple** (both must be over 65)

*All members are also asked to make a voluntary contribution to JCW (Jewish Center Women) and TJC Men's Club.
I wish to pay my Men's Club Dues Y/N I wish to pay my JCW Dues Y/N*

INDICATE PAYMENT OPTIONS BELOW. *All payments must end by May 1, 2019

___ **Payment in full** – Due on date of application submission.

___ **Semi Annual*** – 50% of dues paid on date of application submission; balance will be charged to CC on file or debited from ACH 3 months from date of application submission.

___ **Quarterly*** – 25% of dues paid on date of application submission; balance will be charged to CC on file or debited in 3 equal payments to be determined by bookkeeping.

___ **Monthly*** – 25% of dues paid on date of application submission; balance will be charged to CC on file in equal payments on the 1st of each month beginning the next available month to be determined by bookkeeping.

RELIGIOUS SCHOOL TUITION

___ Please include my religious school tuition and associated fees in the above payment agreement.

OTHER TJC FEES

___ I give The Jewish Center authorization to debit my ACH or charge my credit card on file for any outstanding balance.

Print Name _____ Signature _____ Date _____

***To select these options, The Jewish Center requires that you provide a VISA, MasterCard, American Express or ACH information, which will be kept on a secure server managed by our accounting firm, Kesef Accounting, and is not maintained anywhere in the synagogue office. No credit card or ACH payments will be processed without advance written notice to you. NOTE: There is no additional fee for using a credit card.**

Credit Card (Circle One): VISA MasterCard American Express

CC # _____ Expiration Date: _____

Name (as it appears on the card): _____

I _____ hereby authorize The Jewish Center to charge my credit card as stated above or when given permission by me, the cardholder, or an authorized signer.

Cardholder's Signature: _____ Date: __/__/__

AUTOMATIC WITHDRAWAL FROM CHECKING/ SAVINGS (ACH)

Please attach a copy of a voided check.

I (we) authorize The Jewish Center to withdraw funds from my (our) Checking/Savings account indicated below and authorize the Financial Institution named below to debit such account for the amount of the withdrawal.

I / We have attached a voided check for the checking account transfers and/or have completed the institutions ABA routing numbers for savings account transfer

Financial Institution _____ Routing Number: _____

Address: _____

Account Number: _____

If your automatic withdrawal is returned for insufficient funds, The Jewish Center and your financial institution may assess a fee.

Signatures

Please sign and return this agreement **within 30 days** of submitting your application. If you are a 2 (two) adult household, both members must sign below.

I/We agree to pay the 2018-19 financial commitment for my annual membership fees and religious school as indicated on this form. I/We acknowledge that our financial obligation is a binding contractual commitment that The Jewish Center depends on when making decisions regarding staffing, suppliers and building maintenance. Therefore, I/we understand that there is no entitlement to a refund or relief from payment hereunder, proportional or otherwise, in the event I/we terminate our membership or use of any services before the end of the Congregation's fiscal year (May 31, 2019).

Print Name Signature Date

Print Name Signature Date

RETURN FORM TO:

The Jewish Center, Attn: Sandy Wilson
435 Nassau Street, Princeton, NJ 08540