



# CONGREGATION BETH SHALOM

*A conservative, egalitarian synagogue*

## Fair Share Dues Agreement 2019/2020

### PERSONAL DATA

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### OTHER CONTACT INFORMATION

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Fax: \_\_\_\_\_

### DUES COMMITMENT:

Based on the Fair Share Guideline, my dues for the year starting June 1, 2019 are \_\_\_\_\_. *Please note that dues should not be under 2% of your income.* Members whose circumstances require otherwise should call or write the Executive Director. Members joining mid year (our fiscal year runs from June 1-May 31) should determine yearly dues and then the office will pro-rate the amount.

### PAYMENT PLANS:

- Monthly** — 10% of dues commitment, payable on the 1st of each month, June 1 through March 1 (ten equal payments).
- Quarterly** — 25% of dues commitment, payable on the 1st of June, September, December and March (4 equal payments).
- Semi-Annually** — 50% of dues commitment, payable on the 1st of June and December (2 equal payments).
- Annually**: — 100% of dues commitment, payable by September 1.

### PAYMENT METHOD:

I would like to pay for my dues with:

- Check(s)     Post dated Checks     Automatic Credit Card Authorization\*

Including Bill Pay checks

Please see reverse side for credit card authorization form.

\* Your card will be charged during the first week of the month. We accept **Visa and MasterCard** only.

6800 35th Ave NE, Seattle, WA 98115

Phone: 206.524.0075 ✦ Fax: 206.525.5095 ✦ Email: [welcome@bethshalomseattle.org](mailto:welcome@bethshalomseattle.org) ✦ Web: [www.bethshalomseattle.org](http://www.bethshalomseattle.org)

**CONGREGATION BETH SHALOM**

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**CREDIT CARD PAYMENT:**

Please check one:  Visa  Mastercard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp \_\_\_/\_\_\_ Security Code: \_\_\_ \_\_\_ (3 digits on back of card)

I (we) hereby authorize Congregation Beth Shalom to automatically charge my credit card, the dues amount as indicated by the schedule on the previous page. It is my responsibility to notify CBS of any changes to my credit card information. If my card does not go through, I understand I must make other payment arrangements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MESSAGE OF INTENT:**

It is my / our intent to fully uphold this obligation. Unless other authorized arrangements are made with the Executive Director, I understand that if I do not pay as agreed, I will not receive High Holiday tickets or any benefits of membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Prorated Dues: \_\_\_\_\_

Membership Start Date: \_\_\_\_\_

Kiddush Fee: \_\_\_\_\_

Fair Wage Surcharge: \_\_\_\_\_