



# Membership Commitment

## 5784: 2023-2024

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

### Supporting Your BZBI Community

BZBI offers multiple levels of membership to recognize the diversity of means in our community while allowing BZBI to thrive financially. Sustaining Memberships reflect the total cost of clergy, office staff, and building operations, apportioned by actual membership. Sustaining Members will receive special recognition or may choose to remain anonymous.

MEMBERSHIP CATEGORIES: SELECT ONE	COMMITMENT	MY DUES COMMITMENT
<input type="radio"/> Sustaining Household	\$5,400	\$
<input type="radio"/> Sustaining Individual/Associate	\$3,600	\$
<input type="radio"/> Two Adult Household	\$3,400	\$
<input type="radio"/> One Adult Household	\$1,700	\$
<input type="radio"/> Associate Membership (You must be a member in good standing of another synagogue)	\$1,700	\$
<input type="radio"/> Families with Children under 5	\$1,700	\$
<input type="radio"/> College Student	\$180	\$
<input type="radio"/> Alternative Commitment (If none of the above categories work for you please check this box and someone from our office will be in touch with you.)		
ADDITIONAL MANDATORY FEES	AMOUNT	
Maintenance & Security (Assessed per Adult) *(except student)	# of adults ____ × \$210 = \$	
United Synagogue of Conservative Judaism (USCJ) Dues (Assessed per Household) *(except student)	\$75	
ADDITIONAL OPTIONAL FEES	AMOUNT	
<input type="radio"/> Sisterhood Membership	\$40	

### Payment Options

- PAY IN FULL TODAY
- SEMI ANNUAL
  - 50% Today
  - 50% December 2023
- QUARTERLY PAYMENTS
  - 25% Today
  - 25% October 2023
  - 25% January 2024
  - 25% April 2024
- MONTHLY PAYMENTS

### Payment Methods

- CHECK
- CREDIT CARD
- eCHECK
- STOCK TRANSFER
 

Please contact the Temple Office at 215-735-5148 or [bookkeeper@bzbi.org](mailto:bookkeeper@bzbi.org) for instructions before transferring stock.

### For Credit Card Payment:

VISA    MasterCard    AMEX    Discover

Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration \_\_\_\_ / \_\_\_\_   CVC # \_\_\_\_

### For eCheck Payment:

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Bank Name \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

(MONTH / DAY / YEAR) \_\_\_\_\_

\* I agree that by choosing to pay by credit card or eCheck, an additional fee will be added at the time of my transaction.  
 Credit card fee: 3.5% eCheck fee: 1.5%