



**Congregation Ariel Dues Schedule
(August 1, 2009-July 31, 2010)**

No one is ever turned away due to inability to pay full fees.

Family \$1,495

10 equal installments \$150 or 4 equal installments \$375

Family under 35 yrs old \$1,195

10 equal installments \$120 or 4 equal installments \$299

Single Parent Family \$1,025

10 equal installments \$103 or 4 equal installments \$257

Single \$925

10 equal installments \$93 or 4 equal installments \$232

Single under 35 yrs old \$695

10 equal installments \$70 or 4 equal installments \$174

Senior (65 yrs old or older) \$1,095

10 equal installments \$110 or 4 equal installments \$274

Chai Memberships \$1,800

10 equal installments \$180 or 4 equal installments \$450

Chai Memberships \$3,600

10 equal installments \$360 or 4 equal installments \$900

Chai Memberships \$5,400

10 equal installments \$540 or 4 equal installments \$1,350

Building Fund Obligation

\$3,600 payable over five years after first full year of membership

5 annual installments of \$720 yearly

60 monthly installments of \$60 monthly

Dual (Associate) Membership \$360

Must maintain a full membership at another synagogue

10 equal installments \$36 or 4 equal installments \$90

**Please complete the enclosed form to specify how you would like to handle payment
and return to the shul the office.**



Credit Card or Post-Dated Check Authorization Agreement

Congregation Ariel requires that all membership dues be paid on an automatic payment schedule or paid in full upon receipt of the enclosed invoice. You may pay your scheduled dues either with automated credit card or by presenting post-dated checks. No one is denied membership based on inability to pay full dues. If you require assistance, please call the office for the necessary dues relief application and procedures. Charges will be made to your account on the 5th of the month.

***Please complete the following information:
Print clearly and check the appropriate box***

I wish to authorize payment in full using my credit card \$ _____

I wish to pay in full with my enclosed check \$ _____

I wish to pre-authorize ten equal monthly debit payments.

I wish to pay with ten equal monthly post-dated checks (enclosed).

10 monthly installments of \$ _____ beginning August, 2009

I wish to pre-authorize four equal quarterly debit payments.

I wish to pay with four equal quarterly post-dated checks (enclosed).

4 Quarterly installments of \$ _____ in August, 2009,
(November, 2009, February, 2010, and May, 2010)

Please print your name as it appears on your credit card;

NAME _____

VISA/MASTERCARD ACCOUNT NO. _____

EXP. DATE _____

I (we) understand that a sufficient balance must be maintained to cover this debit obligation. In the event unforeseen circumstances prevents the drafting of this debit according to the understood schedule, I (we) understand that this does not relieve me (us) of the obligation and funds must continue so that the debt can occur as soon as circumstances have been corrected. I (we) understand that if sufficient funds are not available, my (our) account will be directly debited \$20 for each pre-authorized debit that could not be processed.

To cancel membership you must submit 30 day written notification to Congregation Ariel office.

SIGNATURE _____ DATE _____