



Step 1. Membership: Please check the box to the left of the membership level and dues payment structure that applies to you.

	Membership Level	Annual Payment		Monthly Payment (10 month plan)	
		Check	Credit Card	Check/Credit Card	
<input type="checkbox"/>	Individual Member (1 Adult & any children under 21)	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,150	<input type="checkbox"/> \$120	
<input type="checkbox"/>	Household (2 Adults -at least 1 Jewish Adult- & any children under 21)	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$2,300	<input type="checkbox"/> \$240	
<input type="checkbox"/>	Sustaining Member* (1 Adult & any children under 21)	<input type="checkbox"/> \$1,800		<input type="checkbox"/> \$180	
<input type="checkbox"/>	Sustaining Household* (2 Adults - at least 1 Jewish Adult - & any children under 21)	<input type="checkbox"/> \$3,600		<input type="checkbox"/> \$360	
<input type="checkbox"/>	Senior (age 70+) (1 Adult)	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$110	
<input type="checkbox"/>	Senior Household (age 70+) (2 Adults)	<input type="checkbox"/> \$1,900	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$220	
<input type="checkbox"/>	Young Adult (age <35) (1 Adult)	<input type="checkbox"/> \$300-\$600		<input type="checkbox"/> \$35-\$65	
<input type="checkbox"/>	Legacy Young Adult (age <30) (1 Adult Child of members)	<input type="checkbox"/> \$50		<input type="checkbox"/> \$5	
<input type="checkbox"/>	Full Time Student (1 Adult)	<input type="checkbox"/> \$120		<input type="checkbox"/> \$15	
<input type="checkbox"/>	Out-of-Town Member (1 Adult) Does not receive High Holiday Tickets	<input type="checkbox"/> \$250		<input type="checkbox"/> \$25	

* We encourage members who can afford to do so to consider paying dues at this level so that we may keep our community open to all.

Membership Dues Payment Schedule

- First Membership Dues payment must be made by **July 15, 2016**
- To receive 2016 High Holiday Tickets, 25% of 2016-17 Membership Dues must be paid and no outstanding balance from previous years may remain by **July 15, 2016**
- Members joining after December 2016 may have their Membership Dues pro-rated.
- Membership Dues payments are tax deductible and non-refundable.

Should you need financial assistance, please contact **Esther Schwalb**, our Executive Director at (212) 677-8090 x20 or execdirector@tandv.org for a confidential conversation. Or you can complete the **Dues/Tuition Setting Form** (last page of this document) and return it to Esther's attention.

Step 2. Bat/Bar Mitzvah Preparation: Check below if your child will become a Bar/Bat Mitzvah in 2016-17. Both Rabbi Sebert and Cantor Postman play a significant role in preparing your child -and your family- for this joyous event. The fee covers some of the preparation cost.

<input type="checkbox"/>	Bat/Bar Mitzvah	One-time Payment		Monthly Payment (10 month plan)	
		<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$100
<input type="checkbox"/>		<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	\$100

Step 3. Payment Overview: *Please provide this information to ensure that we establish your payment schedule correctly.*

I/We _____ agree to fulfill our	
Membership Dues and other commitments to T&V.	
Membership Dues Contribution	\$ _____
Bar/Bat Mitzvah Preparation	\$ _____
_____ (Other Donations)	\$ _____
TOTAL	\$ _____

BY CHECK:

- Enclosed** is my check* in a lump sum amount of \$ _____
- Enclosed** are _____ pre-dated checks*, each in the amount of \$ _____

*Please make all checks payable to *Town & Village Synagogue* and add "Dues" and/or "Bat/r Mitzvah Fee" in memo line.

BY CREDIT OR DEBIT CARD:

- Please charge a lump sum of \$ _____ to my Credit/Debit Card.
- Please charge a monthly amount of \$ _____ to my Credit/Debit Card.

Visa

MasterCard

Card Number _____ Exp Date _____ Billing Zip _____

Name on Card _____ Billing Address _____

YOUR SIGNATURE IS REQUIRED:

Signed (Adult 1) _____ Date: _____

Signed (Adult 2) _____ Date: _____

UPDATE YOUR CONTACT INFORMATION HERE (or email info to Julie at office@tandv.org):

Street Address _____

Email (Adult 1) _____ Email (Adult 2) _____

Step 4. You will be included in our Member Directory (available only to members).

- Opt out here.

Step 5. Mail to: Town & Village Synagogue, 334 East 14th Street, New York, NY 10003

OUR AWARD-WINNING HEBREW SCHOOL

If you, or someone you know is interested, please email our principal at hebrewschool@tandv.org or look here for more info: <http://tinyurl.com/tandvhs>. You can also give us a call at 212.677.8090 x24. We'd be delighted to tell you all about it. Todah Rabah!

334 East 14th Street
New York, New York 10003
Phone: 212-677-8090 Fax: 212-677-1049

www.tandv.org

Affiliated with United Synagogue of Conservative Judaism



**Membership
 Dues Setting Form**

At Town & Village Synagogue we believe everyone in our community, regardless of financial circumstance should:

- Be a member in good standing
- Have their children educated at our Hebrew School
- Make a financial contribution at a level that works for them and contributes to the synagogue's general well-being and stability

Our **Dues/Tuition Setting Process** allows us to help you find a level of Dues and/or Tuition that fits your circumstances while at the same time meeting the financial needs of the community. To start the process, please complete this form and mail it to the office to the attention of **Esther Schwalb**, Executive Director. She will contact you to confidentially discuss this with you.

Members Name(s): _____

Contact Information: Phone: _____ **Best time to contact** _____

Email: _____

Circumstances:

I am requesting that my dues be adjusted because:

- My/Our income is fixed/too low to support Dues and/or Tuition at the standard level
- I/we am/are dealing with the high cost of children's education or other high costs
- I/we have had a sudden change in life
 - I/we have lost my/our job(s)/ have no employment
 - I/we have had a medical emergency/medical issues
 - I/we have had a change in my/our family circumstances (divorce/death)
- My/Our Household income is:
 - Less than \$25,000 \$25-50,000 \$50-100,000 More than \$100,000
- My/Our Liquid Assets are:
 - Less than \$100,000 \$100-250,000 \$250-500,000 More than \$500,000

I/we would also like to discuss ways that we can contribute in non-financial ways to help the T&V community.

Signature _____

Date _____

Mail to: Esther Schwalb, Executive Director
 Town & Village Synagogue, 334 East 14th Street, New York, NY 10003