



2019-2020 Kehilla Membership Form

Kehilla: _____

Date: _____

City: _____

State/Province: _____

Part One: Membership Information

- 1. Total number of membership units
2. Number of member units paying \$500 or more in membership dues
3. Number of member units paying between \$191 and \$499 in membership dues
4. Number of member units paying under \$191 in membership dues

Calculate your dues:

Member units paying \$500 or more (USCJ dues \$74.50/unit)
Line 2 above X \$74.50 = \$
Member units paying \$191-\$499 (USCJ dues \$37.25/unit)
Line 3 above X \$37.25 = \$
Member units paying under \$191 (USCJ dues \$0.00/unit)
Line 4 above X \$0.00 = \$
Total of the above three lines \$

Part Two: Dues Payment Plan Options

Please check one option below:

- Paid in full by December 31, 2019
We will also submit a membership mailing/email list by December 31, 2019 and take the early dues 2.5% payment discount
Quarterly payments - to be received by 15th of the months August, October, January and April
Ten (10) equal payments - initial payment in July 2019 and final payment in April 2020
Twelve (12) equal payments - July 2019 to June 2020

How would you like to pay:

- Mail a check to USCJ
Automatic payment plan (ACH or wire transfer) - we will contact you to give you more information
Credit card payment - please contact us to give us your information

The following questions are included to help us study how we bill our affiliated kehillot. This information is greatly appreciated.

Kehilla's total revenue for the most recently completed Fiscal Year
a. Religious school income
b. Pre-school income
c. Rental income
d. Allocation from endowment
e. Dues revenue

Kehilla's total operating expenses for the most recently completed Fiscal Year
a. Administrative and religious personnel expenses
b. Religious and/or pre-school expenses
c. Mortgage/rental expense on building
d. Building improvement and repair expenses the most recently completed fiscal year

We certify that the figures and statements shown on this page are true and accurate. (ALL signatures required)

President's signature: _____

Treasurer or Exec. Dir. signature: _____

Print name: _____

Print name: _____

Phone number: _____

Phone number: _____

Email: _____

Email: _____

Please do not write in this section - For Dues Division use only

District #: District Name: Synagogue Id #:
Date received: Date entered: CRM Id#: