

**TEMPLE SHALOM  
NEW MEMBER PLEDGE FORM**

Congregant: Names: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Addresses: \_\_\_\_\_

\_\_\_\_\_

FAX number: \_\_\_\_\_

The minimum amount of dues per family unit is as follows:

Individuals/families 30 years of age or older:	\$850.00 per year
Individuals/families between the ages of 22 and 30:	\$400.00 per year
Full Time Students:	\$ 50.00 per year

You may also choose to pay "fair share" dues which are 1% of gross income; however, minimum dues must be met. Families or individuals with financial limitations should speak confidentially with the Treasurer or President about reduction to these amounts. Members joining after the first quarter may pay for the remaining full or partial quarters of the year.

Minimum dues pledged: \_\_\_\_\_

Additional amount \_\_\_\_\_

Total Dues \_\_\_\_\_

To be paid:

Annually\_\_\_ Semi-annually\_\_\_ Quarterly\_\_\_ Monthly\_\_\_

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

Please return this form to the Temple Shalom president or mail to:

Temple Shalom  
P.O. Box 53711  
Lafayette, LA 70505-3711

All questions should be directed to the Temple Shalom President