

**RAMAT SHALOM SYNAGOGUE *MEMBER RENEWAL APPLICATION***  
**June 1, 2017 to May 31, 2018**

Family Last Name \_\_\_\_\_ Adult Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Does Ramat Shalom have permission to share your contact information with the congregation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Fill in Name, Grade, and School for ALL CHILDREN (including university) as of August 2017.**

Name \_\_\_\_\_ Gr \_\_\_\_\_ Sch \_\_\_\_\_ Name \_\_\_\_\_ Gr \_\_\_\_\_ Sch \_\_\_\_\_

Name \_\_\_\_\_ Gr \_\_\_\_\_ Sch \_\_\_\_\_ Name \_\_\_\_\_ Gr \_\_\_\_\_ Sch \_\_\_\_\_

Email of college student/s \_\_\_\_\_

*If you have any changes to the information in your current file, please attach them to this application and email, mail, fax or bring them to Ramat Shalom, 11301 W. Broward Boulevard, Plantation, FL 33325 Telephone (954) 472-3600 / Fax (954) 472-3622/ramatshalom@ramatshalom.org*

**PLEASE REFER TO THE "MEMBERSHIP INFORMATION/FEES" SHEET TO COMPLETE THE FOLLOWING:**

Membership Dues (see fee sheet): _____	Bar/Bat Mitzvah Fee 6 <sup>th</sup> & 7 <sup>th</sup> Gr. - \$718: _____
Reg. Renewal Fee-\$100 (after 5/25): _____	ISERVE Program Grades 8-12 - \$190/child: _____
Welcome Home Program (\$972): _____	Kochavim (Youth Choir) - \$70/child: _____
Maintenance Fund (see fee sheet): _____	Donation- Renovation Project: _____
Security Fee - \$100: _____ \$100 _____	Donation – Education Scholarship Fund: _____
Test Drive (\$360 + Torah School): _____	Donation-Membership Dues Assistance Fund: _____
Student Affiliate Grades K-2 (\$700): _____	
Torah School Tuition (see fee sheet): _____	SUB – TOTAL: \$ _____
TS Registration Fee - \$100 (after 5/25): _____	INSTALLMENT FEE (see below) _____
	TOTAL: \$ _____

**Separate applications for Torah School and Youth Programs must be completed for each child.**

The congregational year for Ramat Shalom begins June 1<sup>st</sup>. I understand that membership dues are payable annually, and are not transferable or refundable. In the event that I am unable to meet any of these payments, or require a change in my payment arrangement, it is my obligation and responsibility to notify the Executive Director to avoid losing my membership-in-good-standing and the attendant rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Whenever possible, Ramat Shalom greatly appreciates your payment by check, cash or online. Credit card charges result in fees that utilize monies better spent on the improvement and continuation of our community.*

\_\_\_\_\_ Payment in Full                      Check # \_\_\_\_\_                      Check Amount Enclosed: \$ \_\_\_\_\_

\_\_\_\_\_ Four (4) Installments (June 1, Aug.1, Oct. 1, Dec. 1, 2017) *Installment fee of \$12 per payment* \$ \_\_\_\_\_

\_\_\_\_\_ Ten (10) Installments *Installment fee of \$12 per payment* \$ \_\_\_\_\_

**PLEASE NOTE: If you are not paying in full at this time, post-dated checks OR credit card information must be included.**

Am. Express, Visa, MasterCard, Discover Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print Name (as it appears on credit card) \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

**Signature of Cardholder** authorizing Ramat Shalom to **automatically charge the above credit card** according to the method of payment specified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date