



# Annual Commitment

June 1, 2025 – May 31, 2026

We are grateful for your new or continued membership. As a member, you are committing to supporting Temple Beth Sholom for the full year (June 1, 2025 – May 31, 2026). High Holy Day admittance and Religious School class assignments require your 2025-2026 Annual Commitment. Payment is requested in full or via an agreed installment plan. Please return this form with your debit/credit card details or a check. Temple Beth Sholom is committed to making Jewish community accessible to all. Please contact Membership Director Craig Berko at 305.538.7231 ext. 230 or [craig@tbsmb.org](mailto:craig@tbsmb.org) to discuss confidential options.

Last Name(s): \_\_\_\_\_ First Name(s) \_\_\_\_\_

Email(s): \_\_\_\_\_ Phone(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Membership includes** High Holy Day admission for household heads and children 25 and younger in the household. Children aged 26 and higher require their own membership. We do not sell High Holy Day admission to non-members. Your continued Annual Commitment is 100% tax-deductible.

| Member Category                                                                                                                                          | Benefits                             | Household                               | Total                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------|----------------------------------------|
| <b>Circle of Giving</b> ( <a href="https://tbsmb.org/circle-of-giving">tbsmb.org/circle-of-giving</a> )                                                  |                                      |                                         |                                        |
| Cornerstone <input type="checkbox"/> Remain anonymous                                                                                                    | 6 extra HHD Tickets                  | \$36,000+                               |                                        |
| Pillar <input type="checkbox"/> Remain anonymous                                                                                                         | 4 extra HHD Tickets                  | \$18,000 - \$35,999                     |                                        |
| Benefactor <input type="checkbox"/> Remain anonymous                                                                                                     | 3 extra HHD Tickets                  | \$10,000 - \$17,999                     |                                        |
| Guardian <input type="checkbox"/> Remain anonymous                                                                                                       | 2 extra HHD Tickets                  | \$6,000 - \$9,999                       |                                        |
| Sustainer <input type="checkbox"/> Remain anonymous                                                                                                      | 1 extra HHD Ticket                   | \$4,500 - \$5,999                       |                                        |
| <b>Standard Annual Commitment</b>                                                                                                                        |                                      | <b>1-Adult Household</b>                | <b>2-Adult Household</b>               |
| Age 35+*                                                                                                                                                 |                                      | \$2,800                                 | \$3,750                                |
| Winter/Dual Membership                                                                                                                                   |                                      | \$1,400                                 | \$1,875                                |
| Age 31-34*                                                                                                                                               |                                      | \$1,200                                 | \$1,800                                |
| Age 26-30*                                                                                                                                               |                                      | \$360                                   | \$360                                  |
| Age 25 and under                                                                                                                                         |                                      | Complimentary                           | Complimentary                          |
| <b>Required Security Assessment</b>                                                                                                                      |                                      |                                         | <b>\$425</b>                           |
| Sisterhood/Women of Reform Judaism (opt.)                                                                                                                | <input type="checkbox"/> \$54 (Leah) | <input type="checkbox"/> \$118 (Rachel) | <input type="checkbox"/> \$180 (Sarah) |
| Brotherhood (opt.)                                                                                                                                       | <input type="checkbox"/> \$54        |                                         |                                        |
| ARZA Supporting Israel Reform Judaism (opt.)                                                                                                             | <input type="checkbox"/> \$50        |                                         |                                        |
| RAC-FL Supporting Social Justice in FL (opt.)                                                                                                            | <input type="checkbox"/> \$36        |                                         |                                        |
| <input type="checkbox"/> <b>Increase my contribution by \$750</b><br>(Makes full time, full dues-paying members <i>circle of giving</i> sustainer level) |                                      |                                         |                                        |
| <b>Please include in your "Total" the required \$425 security assessment - TOTAL:</b>                                                                    |                                      |                                         |                                        |

| Payment Options                                                                                                                                                                   | <input type="checkbox"/> 1 Payment<br>Balance Due Now | <input type="checkbox"/> 2 Payments<br>Payment 1 DUE NOW<br>Payment 2, 12/1/25 | <input type="checkbox"/> 12 Monthly<br>Payments**<br>Balances Due<br>6/1/25-5/31/26 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| <small>*Age of the eldest adult in the household. Ages 26 and higher require their own memberships.<br/>**12 monthly payment option must be paid in full by May 31, 2026.</small> |                                                       |                                                                                |                                                                                     |  |
| Are you interested in including Temple Beth Sholom in your estate plans? <input type="checkbox"/> Yes                                                                             |                                                       |                                                                                |                                                                                     |  |

Name on card \_\_\_\_\_ Billing Address: \_\_\_\_\_  
(print name) (if different than mailing address above)

Amex, MC or Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Check# \_\_\_\_\_ (payable to Temple Beth Sholom): In the amount of \$ \_\_\_\_\_

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

Thank you for your involvement, commitment, and support. [tbsmb.org/join](https://tbsmb.org/join)