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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 to discuss confidential options.

_ast ivame(s):			First Name	P(S)	
:mail(s):	Phone(s):				
Mailing address:	·				
	h ip includes High Holy Day adr ed 26 and higher require their o Your continue	own membership. We		Day admission to non-	
Member Category		Benefits	Household		Total
Circle of Giving	(tbsmb.org/circle-of-giving)				
Cornerstone	□ Remain anonymous	6 extra HHD Tickets	\$36,000+		
Pillar	□ Remain anonymous	4 extra HHD Tickets	\$18,000 - \$35,999		
Benefactor	□ Remain anonymous	3 extra HHD Tickets	\$10,000 - \$17,999		
Guardian	□ Remain anonymous	2 extra HHD Tickets	\$6,000 - \$9,999		
Sustainer	□ Remain anonymous	1 extra HHD Ticket	HD Ticket \$4,500 - \$5,999		
Standard Annu	al Commitment		1-Adult Household	2-Adult Household	
☐ 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 un	nder		Complimentary	Complimentary	
Required Secu	rity Assessment				\$425
Sisterhood/Women of Reform Judaism (opt.)		□ \$54 (Leah)	□ \$118 (Rachel)	☐ \$180 (Sarah)	
Brotherhood (opt.)		□ \$54			
ARZA Supporting Israel Reform Judaism (opt.)		□ \$50			
RAC-FL Supporting Social Justice in FL (opt.)		□ \$36			
	y contribution by \$750 time, full dues-paying meml	bers circle of giving	g sustainer level)		
	Please include in your "To	otal" the required	\$425 security asse	essment - TOTAL:	
Payment Options		☐ 1 Payment Balance Due Now	☐ 2 Payments Payment 1 DUE NOW Payment 2, 12/1/25	☐ 12 Monthly Payments** Balances Due 6/1/25-5/31/26	
	adult in the household. Ages 26 and ment option must be paid in full by N		wn memberships.		
Are you intereste	d in including Temple Beth Sholo	om in your estate plan	s? □ Yes		
ame on card		1	Billing Address:	rent than mailing address abov	
4-	int name) #:				
	(payable to Temple Beth S				
ianature			Date:		