



PLEASE RETURN BY SEPTEMBER 30, 2018

Name of congregation _____ Date _____

Street address _____ City _____ State _____ Zip _____

1 THIS DUES FORM REFLECTS A DECISION MADE BY (choose all that apply):

- Rabbi President Treasurer Head administrator/executive director
- Executive committee Board Congregational meeting

2 WE CHOOSE THE FOLLOWING DUES CATEGORY:

ENTER *Dues factor = .01 (1% of your budget), with a minimum dues payment of \$360.*

ENGAGE *Dues factor = .015 (1.5% of your budget)*

INVEST *Dues factor = .02 (2% or more of your budget), with a minimum dues payment of \$3,000. Alternate calculation:*

- *for very large congregations: dues factor of .01 or more of your budget, with a minimum dues payment of \$30,000.*
- *for very small congregations: dues factor of .10 (10%) of your budget, with no minimum.*

Budgeted expenses	_____
x	
Dues factor	_____
=	
Annual dues	_____

1. Determine your congregation’s budgeted annual expenses for the fiscal year that includes September 2018 and enter this number in “budgeted expenses.” (You may exclude from your annual expenses capital expenditures, such as for a new building or a renovation, but please include routine repairs and maintenance.) **Please attach either a copy of your budget or a budget summary with this form.**
2. Locate the underlined number associated with your membership level and enter it on the line for “dues factor.”
3. Multiply your budgeted expenses by the dues factor to calculate your annual dues.

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3 DUES MUST BE PAID IN FULL BY AUGUST 31, 2019.

We would like to plan our payments according to the following schedule:

One annual payment (date) Month _____ Day _____

Two annual payments (dates) Month _____ Day _____ Month _____ Day _____

Four quarterly payments (dates) Month _____ Day _____ Month _____ Day _____

Month _____ Day _____ Month _____ Day _____

Monthly payments

Payments will be made by check
(made out to Reconstructing Judaism).

Payments will be made by credit card.

We're paying this amount today:

Please check here if you require us to
send you invoice(s).

Type of card VISA MasterCard American Express

Credit card # _____

Name on card _____

Expiration date _____

Security code _____

If we have questions about your payment, who should we contact?

Name _____ Phone _____

4 INVEST CATEGORY MAY CHOOSE TO ALLOCATE A PORTION OF DUES IN EITHER OR BOTH OF THE FOLLOWING WAYS:

- Five percent of our dues to the revolving loan fund
- Five percent of our dues to rabbinical student scholarships

5 HAVE YOU INCLUDED OR EMAILED TO JWEINBERG@RECONSTRUCTINGJUDAISM.ORG:

- A budget or budget summary for the fiscal year that includes September 2018
- Membership information, including email addresses (by EXCEL or similar file)
- Staff/officers list with updates and/or corrections

Please email your completed form to JWeinberg@ReconstructingJudaism.org or use the enclosed envelope to return all paper documents to: Affiliate Support, Reconstructing Judaism, 1299 Church Road, Wyncote, PA 19095.

If you have questions and need immediate assistance, please contact Jacob Weinberg at JWeinberg@ReconstructingJudaism.org or 215.576.0800, ext. 131.

Additional comments: