Affiliation Dues
2019-20

PLEASE RETURN BY SEPTEMBER 30, 2019

Name of congregation _____________________________ Date __________________

Street address _________________________________ City __________ State ___ Zip ______

1 This dues form reflects a decision 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 calculations:

→ For very large congregations, dues factor of .01 (1%) 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

<table>
<thead>
<tr>
<th>Budgeted expenses</th>
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<tbody>
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<td>$_______</td>
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<table>
<thead>
<tr>
<th>Dues factor</th>
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<tr>
<th>Annual dues</th>
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1. Determine your congregation’s budgeted annual expenses for the fiscal year that includes September 2019 and enter this number in “budgeted expenses.” You may exclude from your annual expenses capital expenditures, such as for a new building or 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 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.
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: __________
☐ Two annual payments  Date: __________  Date: __________
☐ Four quarterly payments  Date: __________  Date: __________  Date: __________  Date: __________
☐ Monthly payments

Payments will be made by:  ☐ Check (made out to Reconstructing Judaism)  ☐ Credit card
Type of card:  ☐ VISA  ☐ Mastercard  ☐ American Express
Credit card # ___________________________________________  Expiration date ______________
Name on card ___________________________________________  Security code ____________________

☐ We’re paying this amount today: $ ______________
☐ Please check here if you want us to send you invoice(s).

If we have questions about your payment, who should we contact?
Name: ___________________________  Email: ___________________________  Phone: ___________________________

4 Email the following to jweinberg@reconstructingjudaism.org:

☐ A budget or budget summary for your fiscal year that includes September 2019
☐ Membership information, including email addresses (by EXCEL or similar file)
☐ Staff/officers list with updates and/or concerns

Please email your completed form JWeinberg@ReconstructingJudaism.org along with all additional documents, or mail this form with your documents to:

Affiliate Support
Reconstructing Judaism
1299 Church Road
Wyncote, PA 19095

If you have questions or need assistance, please contact Jacob Weinberg by phone at 215.576.0800 x131 or email at JWeinberg@ReconstructingJudaism.org.