



MAIN LINE REFORM TEMPLE BETH ELOHIM ♦ 2017/2018 PAYMENT FORM

410 MONTGOMERY AVENUE ♦ WYNNEWOOD ♦ PA ♦ 19096 ♦ 610-649-7800 (P) ♦ 610-642-6338 (F) ♦ forms@mlrt.org EMAIL

Family Name: _____

Family ID# _____

SECTION A (May be included in a payment plan)

- 1. Membership Commitment (insert circled amount) \$ _____
- 2. Voluntary Contribution (in excess of dues) \$ _____
- 3. Temple Guardians (see Membership Brochure) \$ _____
- 4. Religious School Tuition \$ _____
- 5. Annual Security Fee (Required) \$ 150.00

SECTION B (MUST be added to first payment)

- 6. Guest Tickets (\$100 each) \$ _____
- 7. Book of Remembrance \$ _____
- 8. Youth Group, Grades 9-12 (\$50 each) \$ _____
- Name(s): _____ Grade _____
- _____ Grade _____
- 9. Sisterhood Dues - WRJ (\$45) \$ _____
- 10. Brotherhood Dues - MRJ (\$45) \$ _____
- 11. ARZA (\$50) \$ _____

Sub-Total: \$ _____

Office use only:

12. Required 2.6% Credit Card processing fee. \$ _____
(added to first payment)

TOTAL DUE: \$ _____

Payment Options

Circle Option

Option A Payment in full (due with Membership Forms)

**** Make checks payable to Main Line Reform Temple or MLRT ****

INSTALLMENT PLANS - AVAILABLE ONLY AS CREDIT CARD PAYMENT
"SECTION B" MUST BE INCLUDED IN FIRST PAYMENT

Option B 2 Payments: Payments: **Jul 1 & Jan 1**

Option C 4 Payments: Payments: **Jul 1; Oct 1; Jan 1; Apr 1**

Option D 8 Payments: Payments: **Jul 1** then monthly **Sept 1 – Mar 1**

CREDIT CARD INFORMATION: (PLEASE PRINT CLEARLY)

___ Visa ___ MasterCard ___ AMEX ___ Discover

Name as it appears on Card _____

Card # _____ Exp. Date _____

CVV2 _____ (3-digit security code)

Billing Address: _____

* I authorize my card to be billed: _____

Signature

If paying by STOCK, please indicate the following:

Name of stock: _____

No. of shares: _____ Expected date of transfer: _____

Broker & Contact Info: _____

My signature evidences my agreement to pay all amounts due: (SIGNATURE REQUIRED)

MLRT has the right to charge reasonable collection and attorney fees for failure to pay in a timely fashion.





ADULT #1 LAST NAME: _____ FIRST NAME: _____ EMAIL ADDRESS: _____

ADULT #2 LAST NAME: _____ FIRST NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ADULT #1 CELL PHONE: _____ ADULT #2 CELL PHONE: _____ HOME PHONE: _____

ADULT #1 D.O.B.: _____ ADULT #2 D.O.B.: _____

♦ PLEASE REVIEW THE ABOVE INFORMATION AND MAKE ANY NECESSARY CHANGES. THANK YOU. ♦

| COMMITMENT LEVELS REFLECT SUGGESTED MINIMUM CONTRIBUTION BASED ON GROSS INCOME. PLEASE <u>CIRCLE</u> APPROPRIATE CATEGORY & TRANSFER TO LINE 1 ON PAYMENT FORM | COUPLE/ FAMILY | INDIVIDUAL* |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|
| Temple Sustainers | \$13,995 | \$7,020 |
| Over \$500,000 | \$9,035 | \$4,810 |
| \$300,000 - 499,999 | \$6,485 | \$3,350 |
| \$250,000 - 299,999 | \$5,755 | \$2,985 |
| \$200,000 - 249,999 | \$5,065 | \$2,670 |
| \$150,000 - 199,999 | \$4,205 | \$2,115 |
| \$125,000 - 149,999 | \$3,495 | \$1,745 |
| \$100,000 - 124,999 | \$2,930 | \$1,470 |
| \$75,000 - 99,999 | \$2,595 | \$1,245 |
| \$60,000 - 74,999 | \$2,160 | \$1,045 |
| \$36,000 - 59,999 | \$1,925 | \$890 |
| Under \$36,000 | \$1,380 | \$710 |
| Young Adult** (23-30 years of age) Adult #1 D.O.B. ____ / ____ / 19____ Adult #2 D.O.B. ____ / ____ / 19____ | \$230 | \$120 |

***INDIVIDUAL MEMBERSHIPS**
Individual Memberships are open to single adults who DO NOT have a child enrolled in our Early Childhood Education or Religious School programs.

****YOUNG ADULT**
Young Adult Membership is open to adults age 23 – 30 who DO NOT have a child enrolled in our Early Childhood Education or Religious School programs.

NEW MEMBERS ONLY
**** FACILITY FUND PLEDGE ****

In addition to dues, new members are required to make a commitment to the Facility Fund to continue the efforts of our founding members. Facility Fund expenditures include capital repairs and improvements to our facility. The Facility Fund Pledge is **deferred** for Young Adults until they turn 31 or enroll a child in our school programs. Those age 65 or over are **not required** to make a Facility Fund Pledge.

The Facility Fund Pledge, at a sum of **\$2,000**, is payable at the beginning of the 2nd, 3rd, 4th and 5th years of membership, as follows:

July 2018 - \$500
July 2019 - \$500
July 2020 - \$500
July 2021 - \$500



MAIN LINE REFORM TEMPLE BETH ELOHIM
2017/2018 Religious School Registration Form

410 Montgomery Avenue ♦ Wynnewood ♦ PA ♦ 19096
 610-642-0304 (P) ♦ 610-642-6338 (F) ♦ forms@mlrt.org EMAIL

**MEMBERSHIP RENEWAL REQUIRED
 FOR SCHOOL ENROLLMENT**

FOR OFFICE USE ONLY:

FAMILY ID# _____
 APPROVED _____
 DATE _____

ADULT #1 LAST NAME: _____ FIRST NAME: _____ EMAIL ADDRESS: _____ RESIDES WITH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ADULT #2 LAST NAME: _____ FIRST NAME: _____ EMAIL ADDRESS: _____ RESIDES WITH: _____

ADDRESS (IF DIFFERENT): _____ CITY: _____ STATE: _____ ZIP: _____

ADULT #1 CELL PHONE: _____ ADULT #1 WORK PHONE: _____ HOME PHONE: _____

ADULT #2 CELL PHONE: _____ ADULT #2 WORK PHONE: _____ HOME PHONE: _____

****Additional Information/Requests: WE WILL DO OUR BEST TO GRANT ONE FRIEND REQUEST. PLEASE LIST FRIENDS IN ORDER OF IMPORTANCE. IF YOU SUBMIT YOUR PAPERWORK AFTER AUGUST 1ST, WE CANNOT GUARANTEE THAT WE CAN HONOR ANY OF YOUR REQUESTS.**

Choose one:

For explanation of rates, please see page 3 of the Membership Information Brochure

Subsidized Tuition: K – 2nd **\$683** ♦ 3rd – 5th **\$1019** ♦ 6th **\$1103** ♦ 7th **\$726** ♦ 8th - 9th **\$1019** ♦ 10th **\$1053** ♦ 11th - 12th **\$246**
 *Unsubsidized Rates: K – 2nd **\$879** ♦ 3rd – 5th **\$1295** ♦ 6th **\$1409** ♦ 7th **\$921** ♦ 8th - 9th **\$1295** ♦ 10th **\$1337** ♦ 11th - 12th **\$302**
 *full cost of Religious School education per child

| Name of Child | Birth Date | Secular School | Grade | | Session preference | | New Student? | Tuition |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|------------|--|--------------------|------|-----------------------------------------------------------------------------------------------------|---------|
| | | | Sept. 2017 | | Early (✓) | Late | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ** Additional Information/Requests: | | | | | | | | |
| MLRT Religious School employs teaching specialists to help us better meet the learning needs of all our students. If you would like the Director of Education to contact you regarding this service, please check below. ✓ _____ PLEASE CONTACT ME AT _____ | | | | | | | TOTAL TUITION Transfer to Line # 4 on Payment Form | |

EMERGENCY MEDICAL RELEASE AND INFORMATION: I hereby give my consent for Main Line Reform Temple and its employees to make available to my child(ren) professional emergency medical care if such care is indicated. I understand that conscientious effort will be made to notify me before such action is taken. I give permission for my child(ren) to receive medical care by any doctor, nurse, paramedic or member of a licensed medical staff. This is to certify that my child is in good physical health. He/she has my permission to participate in all activities (not including field trips) that are part of the Religious School program.

Signature _____ Date _____

EMERGENCY CONTACT (IF PARENT(S) UNAVAILABLE): Name _____ Phone _____

Unless I opt out by initialing, I give my permission for my child to be photographed by the MLRT Religious School. These pictures may be used for publicity purposes. Opt out: _____

