

TEMPLE SINAI
Renewal Form
for Associate Membership (2023-24)



Please return this form to the synagogue office with your dues payment no later than June 30, 2023

Last Name _____ First Name (1) _____

Spouse Last Name (if different) _____ First Name (2) _____

Please complete the following if any of the information has changed

Address _____

City _____ State _____ ZIP _____ Home Phone _____

Cell Phone (1) _____ Cell Phone (2) _____

E-mail (1) _____ E-mail (2) _____

Affiliation with another synagogue: _____
Name of synagogue

___ I will pay my balance by:

___ Check ___ Credit card (See below) ___ Bank withdrawal (Please see instructions below)

For credit card payments: I/We ___ authorize a credit card payment as follows:

Amount: \$ _____

___ Please process on or about the 15th of June, or

___ Please process on the last business day of June

Credit Card # _____ Expires _____ CVV _____

Name as it appears on card _____

If your credit card billing address is different from your home address, please provide:

Street Address _____ City, State, Zip Code _____

SIGNATURE _____ **DATE** _____

For bank withdrawal (e-check) payments: I/We ___ authorize e-check payments as follows:

\$ _____ per month for ___ months *OR* \$ _____ per month until paid in full

___ Please process on or about the 15th of each month, or

___ Please process on the last business day of each month

E-check account information must be entered through ShulCloud by the account holder.

Email mlyons@tsinai.com if you need a ShulCloud login link.

**Your credit card and/or bank withdrawal information will be kept in our secure database.
Please contact the accounting department if you receive a new credit card or want to replace one on file.**