

## **5785 MEMBERSHIP DUES & FEES (2024 - 2025)**

Your Name			
First Name:	Last Name:		

• If you have questions about these forms, please consult <u>our FAQs</u> or contact Melissa Crabbe at <u>AdminAssistant@orhadash.com</u> or 215.283.0276.

Your Membership Dues Category & Dues Amount				
Category		Definition / Notes	Annual Dues Amount	Please write in the Annual Amount Applicable to you
				NOTE: DON'T Get Sticker Shock! Most members will qualify for discounts in the following section.
1 Adult			\$1740	
2 Adult			\$2840	
Family		At least one adult with any number of dependent children (up to age 26)	\$2840	
3rd + Adult		Additional adults can be added to a 2 adult family (for example, the parent of an adult or a 27 year old adult child.)	\$180	
Associate - Member	1 Adult	Primary affiliation is to another synagogue.	\$360	
	2 Adults		\$540	
Online Member		1 adult who does not live in the 5 county Greater Philadelphia area or South New Jersey.	\$180	
SUBTOTAL A: Your Core Membership Dues Amount (Before Additional Fees and Deductions):				

Please continue on the next page.

## **Membership Discounts Applicable to You**

You may select each discount for which you qualify, up to 50% discount.

Discount Type	Definition / Notes	Percentage	Discounts Applicable to Your Household
New	First time paying dues to OH	50%	
Young Adult	Ages 22 - 30	15%	
SMILE School	ALL eligible children are enrolled in SMILE School	20%	
Disability or Health	If a member of your household has a disability or chronic health condition that causes extraordinary financial hardship for your household.	10%	
Senior	Over the age of 65 as of 7/1/24	6%	
Employees	SMILE School faculty and other part-time employees who average at least 10 hours per month (Sept - May).	50%	
SUBTO			

SUBTOTAL C: Total Dollar Value of Discounts Applicable to You SUBTOTAL A x SUBTOTAL B

Additional Fees Associated with Your Membership					
Type of Fee	Notes	Who is Required to Pay This	Annual Amount	Please write in the Annual Amount Applicable to you	
Security Fee	Tax deductible	All households	\$180		
Building Fund Assessment 1	<ul> <li>Total Amount: \$1500.</li> <li>Usually paid over 5 years.</li> <li>Tax deductible</li> </ul>	<ul> <li>Begins in the 2nd year of membership.</li> <li>Households in years 2, 3, 4, 5 and 6.</li> </ul>	\$300		
Building Fund Assessment 2	<ul> <li>Total Amount: \$1000.</li> <li>Usually paid over 5 years.</li> <li>Tax deductible</li> </ul>	ONLY FOR MEMBERS WHO COMPLETED PAYMENT OF BUILDING FUND ASSESSMENT 1 PRIOR TO 2020	\$200		
SUBTOTAL D: Your Additional Membership Fees:					

## Totalling Membership Dues - Membership Discounts + Membership Fees [SUBTOTAL A] [SUBTOTAL C] [SUBTOTAL D]

SUBTOTAL A: Your Core Membership Dues Amount	
SUBTOTAL C: Dollar Value of Discounts Applicable to You	
+	
SUBTOTAL D: Your Additional Membership Fees	
=	
<b>DUES TOTAL E:</b> This is your expected Membership Dues Commitment for 5785 (2024-2025) prior to any financial accommodation you may request.	
Please Sign or Type Your Name:	Date:

We understand that this amount is a sizable commitment for all our households. We are grateful to everyone who is able to make this commitment.

There are several ways we can help you make these payments. You can **pay in installments** (monthly or other) and you can set up your account in ShulCloud so the **payments are automatically drawn** from your account or charged to a credit card. Please complete the **Payment Options Form.** 

If the amount is still prohibitive to you, we absolutely still want you to be part of our congregation! Please complete the **Financial Accommodation Form**.