

# Shaarei Shamayim Dues Form for New Members

*Please complete this form along with the Membership Form and send it to:  
Shaarei Shamayim P.O. Box 55061 Madison, WI 53705-8861*

**Adult Last Name** \_\_\_\_\_

**Adult Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Address:**

**Street** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Phone** \_\_\_\_\_

**e-mail** \_\_\_\_\_

**e-mail** \_\_\_\_\_

The membership dues structure, which is based on family income, is shown. Feel free to contact Shaarei Shamayim at 257-2944 if you have any questions.

*Dues for Sept 09-Aug 10 fiscal year - see dues structure below*

\$ \_\_\_\_\_

*or pay at Dorshim rate for new members of \$250 for 1st year only*

**Additional Donations**

\$ \_\_\_\_\_

**Total Due**

\$ \_\_\_\_\_

*Please select a payment schedule:*

*Full Payment enclosed*

*Full Payment to be sent before Oct. 1*

*Semiannual installments*

*(due Oct.1 & April 1)*

*Quarterly installments*

*(due Oct.1, Jan.1, April 1, July. 1)*

*Monthly installment sent by member*

*Monthly installment debited by CSS*

*(include a cancelled check or deposit*

*slip for the account to be debited; debits*

*occur on the 5th of each month)*

*Payment through donation of stock or other*

*securities (contact treasurer to arrange)*

*Other arrangements (please describe):*

**Gross Income**

**Suggested Dues**

\$20,000

\$250

\$30,000

\$345

\$40,000

\$520

\$50,000

\$725

\$60,000

\$960

\$70,000

\$1,225

\$80,000

\$1,520

\$90,000

\$1,845

\$100,000

\$2,200

\$120,000

\$2,640

\$150,000

\$3,300

\$200,000

\$4,400

\$300,000

\$6,600

*Please make checks payable to Shaarei Shamayim. Thank you*

**Signature** \_\_\_\_\_