

Brith Sholom Kneseth Israel Congregation
1107 E. Linden Ave.
St. Louis, MO 63117
 (314) 725-6230
 (314) 725-6256 fax
www.e-bski.org



Member Name: _____
 Address: _____
 City, State: _____ Zip: _____
 Email Address _____

Fair Share Dues Pledge

SUSTAINING MEMBER	\$3,600	
Family Income > \$80,000	\$ 2,025	
Family Income \$40-80,000	\$ 1,560	
Family Income < \$40,000	\$ 985	
Family < 30 years old	\$ 580	
Individual < 30 years old	\$ 350	
Student	\$ 150	\$ _____

Additional Voluntary Pledge \$ _____

Total Dues Pledge \$ _____

Please indicate if you would like to join any of our affiliate Organizations

- Women's League Dues \$20 \$ _____
- Men's Club Dues \$36 \$ _____

Total Enclosed \$ _____

Signature _____ Date _____

Please select your payment method and schedule on the other side of this page

Please choose a payment schedule
and payment method

- Single payment (January or earlier) Check Credit Card
- Two equal payments (January & July) Check Credit Card
- Four quarterly payments
(January, April, July & November) Check Credit Card
- Ten monthly payments
(January through October) Check Credit Card



Authorization to Charge my Credit Card
(This authorization must be renewed each year.)

I authorize Brith Sholom Kneseth Israel to charge my Credit Card on the
 1st or the 15th of the appropriate month(s).

Name (as it appears on card): _____

Card Number: _____ Expires: _____

Security Code (3 digits, on back of card): _____

Billing Address: _____

City: _____ State: _____ Zip _____

Signature: _____ Date: _____