

Instructions for Renewing Your Membership

You are being sent all 3 Membership Renewal Forms, – that is, Family, Individual and Associate, so that you are able to select the form that best corresponds with your current circumstances.

Please renew your membership for the fiscal year, July 1, 2026-June 30, 2027, using one of these options:

- Complete your Membership Renewal online, which allows you to pay by credit/debit card or select the option to pay by check;
- Complete the Membership Renewal Form e-mailed from the JCSVV office, save it and then email the completed Form to Office@jcsvv.org; or
- Download and print a PDF Membership Renewal Form posted on the JCSVV website: JCSVV.org. Complete it and either mail or deliver the paper form to the JCSVV office.
- If you would like to have your membership form mailed to you, please contact the office.

Please note that credit card payments will be subject to a three percent processing fee, but there is no charge if you pay by check or arrange for your bank or financial institution to send us your payments. If you have any questions about these options, please contact the Office.



Get Involved

Our synagogue depends on volunteer leadership. Please select your areas of interest below. When you get involved, you will meet other members and help build our JCSVV community/mishpacha. A synagogue member will call you to follow up and answer questions about committees, clubs and volunteer opportunities.

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Jewish Education | <input type="checkbox"/> Bikkur Cholim | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Bylaws & Policy | <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Legacy Circle | <input type="checkbox"/> Library |
| <input type="checkbox"/> Marketing & Communications | <input type="checkbox"/> Membership | <input type="checkbox"/> Men's Club |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Onegs & Holidays | <input type="checkbox"/> Religious Affairs |
| <input type="checkbox"/> Security | <input type="checkbox"/> Shalom Singers Choir | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Tech & Graphics | <input type="checkbox"/> Women's Havurah |

FAMILY RENEWAL MEMBERSHIP FORM

July 1, 2026 – June 30, 2027

- Receipt of this completed form by the JCSVV Office, along with your dues payment, will establish your financial commitment for the membership year.
- PLEASE COMPLETE THE GET INVOLVED SECTION ON THE PRIOR PAGE.
- Please inform the JCSVV Office of any changes to your address, phone number(s) or email
- Select your desired level of membership and payment plan by checking the boxes below.
- Please consider choosing the Benefactor Membership Package or a higher level of dues in one of the Tzedakah Circles if you are able.

FAMILY MEMBERSHIP RENEWAL OPTIONS

	Annual	Semi-Annual	Quarterly	Monthly*
<u>BASIC LEVEL</u> \$2,198 + \$200 Security Assessment	<input type="checkbox"/> 2,398	<input type="checkbox"/> 1,199	<input type="checkbox"/> 600	<input type="checkbox"/> 200
<u>TZEDAKAH CIRCLES</u> Includes \$200 Security Assessment:				
Circle of Brachot – Blessing	<input type="checkbox"/> 2,854	<input type="checkbox"/> 1,427	<input type="checkbox"/> 714	<input type="checkbox"/> 238*
Circle of Chesed – Goodness	<input type="checkbox"/> 3,528	<input type="checkbox"/> 1,764	<input type="checkbox"/> 882	<input type="checkbox"/> 294*
Circle of Chochmah - Wisdom	<input type="checkbox"/> 4,096	<input type="checkbox"/> 2,048	<input type="checkbox"/> 1,024	<input type="checkbox"/> 341*
Circle of Chochmah - Hope	<input type="checkbox"/> 4,662	<input type="checkbox"/> 2,331	<input type="checkbox"/> 1,116	<input type="checkbox"/> 389*
<u>BENEFACTOR MEMBER PACKAGE</u>	<input type="checkbox"/> 10,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 833*

- *If your situation requires a dues adjustment different from the amount stated, please contact the President, Sybil Malinowski Melody, at 928.204.1286 or email jcsvvpresident@jcsvv.org. All communications are confidential.*

Email

Phone

Email

Phone

Street Address

City

State

Zip Code

Print Name

Signature

Date

Print Name

Signature

Date

*** MONTHLY PAYMENTS**

This option is only available when the congregant arranges for a recurring e-check or provides a recurring credit card. See payment options on page 3.

OFFICE USE ONLY

Date Payment Received _____

Amount _____ M Q A

Check No. _____ Other _____

CC# or Auto Pay to Finance _____



Family Renewal Membership Form 2026-2027

Print Name: _____

Print Name: _____

PAYMENT OPTIONS

Indicate your method of payment by checking one of the options below:

- CHECK**- Made out to the JCSVV; mail to PO Box 13, Sedona AZ 86339 or call the office to arrange a time to drop it off. State "Dues payment" on memo line.
- E-CHECK** - *I agree to arrange for my bank, brokerage house or credit union to send a check(s) to JCSVV for my membership dues as indicated on my membership form.*
 - Checks should be made out to JCSVV, include your name and state "dues payment" on the memo line.
- QCD** – Qualified Charitable Distribution from an IRA– *I agree to arrange for my IRA custodian to send a check(s) to JCSVV for my membership dues as indicated on my membership form.*
 - Checks should be made out to JCSVV, include your name and state "dues payment" on the memo line.
- CREDIT CARD** - Credit card information is logged in and then the bottom part of this form is destroyed. Upon request, this information can be stored "on file" electronically to use throughout the current fiscal year for other charges as desired.
- I acknowledge that by paying by credit card, the Jewish Community of Sedona and the Verde Valley is authorized to add a 3% credit card processing fee.*

Card Type: VISA MasterCard American Express

Cardholder Name

Credit Card Number

Expiration Date

Security Code

Billing Zip Code

Cardholder Signature

Date

OFFICE USE ONLY: Date Paymt. Rcvd _____ Amt _____ Chk No. _____ To Finance _____