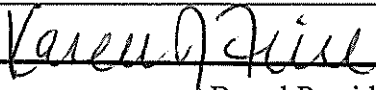




OHEF SHOLOM TEMPLE		Policy and Procedure
Name of Policy:	Annual Membership Commitment and Accounts Receivable Policy	
Policy Number:	Finance – 1011	
Department:	Board of Directors	
Purpose:	The purpose of the Annual Membership Commitment and Accounts Receivable policy is to ensure Congregants have proper notice of annual financial commitments from the Temple, as well as an opportunity to understand the processes for timely collection of fees standards and requirements of the Temple.	
Effective Date:	4/26/18	
Last Rev. Date:		

Required Signatures:	 Board President
	 Board Secretary
	 Board Treasurer

Definitions:	
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Policy	<ol style="list-style-type: none"> 1. Congregants agree to an annual assessment for membership as established by the Board, and payments are expected according to an agreed upon arrangement - either monthly, quarterly or annually. Congregants with children in the Religious School and/or Hebrew School also agree to pay those fees on an up-front, annual basis or over not more than 6 months, in each case with the initial billing in June. (See <i>Membership Application</i> page 4 –Appendix A) 2. Congregants unable to pay the full amount for membership must have an approved Dues Adjustment form on file. 3. Congregants who join during the fiscal year are assessed the annual amount and an adjustment is made to prorate the assessment. 4. Congregants are also encouraged to sign up for Autopay, which is either ACH (preferably) or credit card. 5. Bills are sent to each congregant according to their specified statement preference – either mail or email. 6. Each month an Aging Report is run to identify delinquent accounts. Details of the Aging Report are shared at each meeting of the Dues Committee. An overview of the Aging Report is presented to the Executive Committee, Finance & Development Committee, and the Board on a quarterly basis.
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<p>Procedure:</p>	<p>Annual Fees and Adjustments</p> <ol style="list-style-type: none"> 1. Annually, as part of the budget planning process, the Board shall establish a fee structure for Member commitment. 2. Three distinct letters will go out to all Members via email and regular mail notifying them of their annual financial commitment based upon prior contributions; 1) Pillars, 2) full fees payors, and 3) less than full fees payors. 3. All Members that wish to request any reduction to the established fee structure shall annually complete an <i>Application for Dues Adjustment</i> (See Appendix B). 4. Completed forms shall be sent to the Executive Director, who will make formal recommendation to the President of the Temple. The report shall be marked “Confidential” when transmitted. 5. The President of the Temple shall make the decision to approve or deny all Applications for Adjustment of Membership Fees. 6. The Executive Director shall draft a payment agreement for approved applications and have the Member sign it. 7. Annually the Dues Committee will review the dues levels of all members in all categories to identify those who have the potential for payment of higher dues. Committee members will make a personal approach to each prospect for a dues increase. <p>Billing and Collections</p> <ol style="list-style-type: none"> 1. <i>First Month</i> - The first of each month, congregants are sent a Billing Statement noting amounts due by the 22nd of the month. Amount due is calculated according to congregant’s billing preference (annual, quarterly or monthly payments). 2. <i>Second Month</i> - If balance is not received by due date, the next bill includes the notice stating, “There is currently a past due balance on your account. Please pay Total Due by the Due Date, or contact our Controller to discuss your account.” 3. <i>Third Month</i> - If the balance is not paid by the 3rd month, a personalized “A Letter” (See Appendix C) is included with the bill. <ul style="list-style-type: none"> • If the payment is not received by Due Date (22nd of the month), staff will call to ask if the statement was received and if payment could be made prior to the month’s end to keep the account current. If staff members can resolve issue, the issue and resolution will be noted in the database. • If staff cannot resolve, the Executive Director will try to resolve issue. • If the Executive Director cannot resolve the issue, it will be referred to Dues Committee. • A subcommittee or task force of the Dues Committee will be tasked with managing dues in arrears three months or more by contacting congregant by phone, email, text or in person. (See <i>Script for Calling Delinquent Accounts</i> – Appendix D They shall determine the reason for non-payment & explain importance of dues revenue to Temple’s daily operations.
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	<ul style="list-style-type: none"> • They shall also recommend ACH and arrange for the Temple office to receive voided check. <ol style="list-style-type: none"> 4. If unable to get commitment to bring account current, Dues Committee will be given responsibility to evaluate the circumstances (financial, illness, etc.) and negotiate with the member to make adjustment as deemed reasonable, including a payment schedule if required. In each case, the objective should be to retain the member on a fair and reasonable basis for both the member and the Temple. 5. The Dues Committee will communicate the discussion and agreement in writing to Executive Director with copy to Dues Committee Chair, Temple President & Treasurer and marked "Confidential." The correspondence will be recorded in the congregant's file in the database. 6. If there is no response within 30 days of Dues Committee's efforts to reach congregant following months of unsuccessful attempts to communicate with the congregant (as described above), the Executive Director will review the situation with Clergy. Clergy will review and consider of how this will impact congregant's ability to participate in lifecycle events (a baby naming, wedding, and funeral) and, if applicable, their children's ability to attend Religious School and participate in B'nai Mitzvah and/or Confirmation. The congregant will be sent a "B" letter signed by Rabbi Roz (Appendix E) and mailed in an envelope with a Rabbi Rosalin Mandelberg return address. This letter will not discuss the collection of funds but rather express sorrow over the member's termination of his/her relationship with the congregation. This correspondence will be the Temple's last ditch effort to establish communication with the congregant. 7. If no response to Rabbi's letter within 2 weeks, the congregant will also receive a "C" Letter (Appendix F) signed by the President and sent certified return-receipt as well as in the regular mail. 8. <i>Quarterly</i> (September, December, March & June) The ED will report a summary status of delinquent accounts to Executive Committee and the Board of Directors
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<p>Related Policies:</p>	
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Ohef Sholom

TEMPLE

MEMBERSHIP APPLICATION
 530 Raleigh Avenue
 Norfolk, VA 23507

APPENDIX A

Application date _____

Welcome to Ohef Sholom Temple! We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that Ohef Sholom Temple offers. Please call upon our Clergy, Staff, and Lay Leaders whenever we can assist you in becoming part of our Ohef Sholom Temple family. All information in this application will be treated confidentially. Please call our office at 757-625-4295 if you have any questions or need assistance in filling out this application.

Personal Information

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name (first, middle, last)		
By what first name do you wish to be addressed (if different from above)?		
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Other	<input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of Birth (mm/dd/yyyy)		
Email		
I would like to receive Temple communications via email.	YES/NO	YES/NO
Preferred Phone	No. _____ Type: _____	No. _____ Type: _____
Special Accommodations needed	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other

Contact Information

How would you like your name(s) to appear on Temple mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Home Phone (if applicable): _____

Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Other-Christian <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Other-Christian <input type="checkbox"/> Jewish by Choice <input type="checkbox"/> Other _____
Congregation most recently or currently affiliated with		
Please list any relatives who are OST members		

Business Information (optional)

Please note Active Military	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		

Yahrzeit Information

Name	Date of death	Family Relationship	Member A/B

Please attach a separate sheet for additional names.

Check here to request information to order a memorial plaque.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
Name (first, middle)				
Last name (if different)				
Hebrew name (if known)				
Birth date (mm/dd/yyyy)				
Grade (if applicable)				
Address (if not living with you)				
Will this child be attending OST Religious School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have more than four children, please attach an additional page.

Opportunity for Participation

At Ohef Sholom Temple, we believe that joining a congregation is a spiritual and emotional commitment. Joining Committees and Auxiliaries are a wonderful way to meet fellow congregants and see up close what makes our Temple so special. We encourage all congregants to become involved. Let us know what you might be interested in. You will be contacted by a congregation member with more information.

Committees & Auxiliaries

- | | |
|---|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Archives & Library | <input type="checkbox"/> House |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Long Range Planning |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Membership |
| • Eco-Judaism | <input type="checkbox"/> Men's Club |
| • Military Support & Outreach | <input type="checkbox"/> OST Youth |
| • Tzedakah Quilting Group | <input type="checkbox"/> Scholarships |
| • Shalom (Greeters) | <input type="checkbox"/> Sisterhood |
| • Soup Kitchen | <input type="checkbox"/> Special Needs & Security |
| • Tikvah (Helping the Sick & Bereaved) | <input type="checkbox"/> Torah Study |
| <input type="checkbox"/> Dues | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Family Learning/Religious School | |

Other

- Accounting
- Assisting with office work
- Assist with leading Services
- Bar/Bat Mitzvah Tutoring
- Children's Programming
- Judaica Shop
- Foundation//Endowment

Talent and Interest Survey

What are your passions? What are your interests?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Gardening | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Dance | <input type="checkbox"/> Music | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Decorating | <input type="checkbox"/> Sewing/Quilting | <input type="checkbox"/> Writing/Public Relations |
| <input type="checkbox"/> Other: _____ | | | |

Financial Commitment

- Single Membership - \$1,315
- Family Membership - \$1,954
- Under 30 - Free
- I'd like to be a *Pillar of the Temple* at the following level:
 - Young Lions (Under 30)\$500
 - Defenders of the Temple (individual)... \$1,800
 - Cornerstone of the Temple \$2,700
 - Defenders of the Ark \$3,600
 - Protectors of the Torah \$5,400
 - Keepers of the Flame \$7,200
 - Guardians of the Temple \$9,000

Billing Preferences

Our Fiscal Year runs June 1 to May 31.

I'd like to be billed Monthly Quarterly (June, Sept, Dec, March) Annually in the month of _____

Please MAIL my statements to my HOME ADDRESS

Please EMAIL my statement to _____

Please send my bill to a third party:

Name: _____

Address: _____

City, State Zip Code: _____

Payment Preferences

Preferred Method: Sign me up for **automatic draft** (ACH) from my checking account on the 15th of the month.
(Please attach a voided check)

I would like to pay with a credit card. I will call the office with my card number.
(Please note that a 3% service charge will be added to your total for all credit card charges.)

Signatures

I/We hereby apply for membership to Ohef Sholom Temple. I/We agree to fulfill our financial requirements for membership and to maintain our obligation for future years.

Applicant 1: I, _____, am applying to become a member of Ohef Sholom Temple.

Signature _____ Date _____

Applicant 2: I, _____, am applying to become a member of Ohef Sholom Temple.

Signature _____ Date _____

Ohef Sholom Website Opt-Out Agreement

I have reviewed the attached Website/Social Media Opt-Out Agreement YES/NO (Circle one)

United Jewish Federation of Tidewater

Can we share your name with the United Jewish Federation's community concierge so that you can be informed of the area's Jewish events and receive the *Jewish News*? YES/NO (Circle one)

Website Opt-Out Agreement

Dear Member:

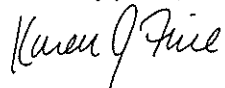
Ohef Sholom Temple's website, www.ohefsholom.org, is full of current information, calendar of events, communications from the Rabbi, the Cantor, the Religious School, the President and others. To make our website livelier and more relevant, we use photographs and descriptive captions from Temple events.

Because the website will be available to anyone with internet access anywhere in the world, it is conceivable, though very unlikely, that someone could be exposed to some risk by appearing on the Temple's website. If you feel that you cannot or do not want to be shown or mentioned on our website, please sign and date the attached form and return it to the Temple office. This form is known as an "opt out" agreement and by sending it in, you will be opting out from being shown or mentioned on our Temple website.

Please understand that the administration of the list of Temple members who have "opted out" will be a cumbersome process for the website's editor. The more people who opt out, the more difficult it will become to maintain a lively Temple website while still observing the wishes of those who have opted out. Accordingly, **please do not opt out unless you strongly oppose your name or image ever appearing on the Temple website.** Also, a Temple member from whom an "opt out" agreement has not been received within thirty (30) days of being sent such agreement will be presumed not to have opted out unless an "opt out" agreement is subsequently received from such member.

DISCLAIMER: THE TEMPLE, ITS EMPLOYEES, BOARD MEMBERS AND VOLUNTEERS SHALL NOT BE LIABLE FOR (1) ANY MISTAKE IN THE MANAGEMENT OF THE LIST OF PERSONS WHO HAVE "OPTED OUT" OR (2) THE POSTING OF THE NAME OR IMAGE OF ANY PERSON WHO HAS "OPTED OUT"; SUCH PERSON'S SOLE RECOURSE SHALL BE TO NOTIFY THE EDITOR OF THE TEMPLE WEBSITE WITH A REQUEST FOR REMOVAL OF THE MISTAKENLY INCLUDED POSTING.

Sincerely yours,



Karen Fine, President

To opt out of having your name or picture used on the Temple's website or in social media posts, please call the office for the *Opt-Out Form*.

Draft 5

APPENDIX B

Ohef Sholom Temple Application for Dues Adjustment 2017-2018

Any information you provide will be kept confidential.

_____	_____	Employed (YES/NO)
Adult 1	Date of Birth	
_____	_____	Military (YES/NO)
_____	_____	_____
Email	Home Phone	Cell Phone
_____	_____	Employed (YES/NO)
Adult 1	Date of Birth	
_____	_____	Military (YES/NO)
_____	_____	_____
Email	Home Phone	Cell Phone

Dependents:

_____	_____	_____	_____	_____	_____
Name	Age	Name	Age	Name	Age
_____	_____	_____	_____	_____	_____
Name	Age	Name	Age	Name	Age

Please check a box, circle yes/no where applicable, and use the space below to explain your reasons for requesting a dues adjustment. (If additional space is needed, use the back of the form.)

- Change in marital status
- Pay full dues at another Temple
- Full Time Student
- change of family income (please explain) _____

- Significant hardship (please explain) _____

- Other (please specify) _____

2016-2017 Membership

Single \$1,315
Family \$1,954

Amount of dues you are requesting to pay monthly: _____

Please return your completed application to:
membership@ohefsholom.org or fax to 757-625-3762.
A representative of the Temple will contact you shortly.

Draft 6

APPENDIX C "A Letter"



ROSALIN MANDELBERG, SENIOR RABBI

JENNIFER RUEBEN, CANTOR

LAWRENCE A. FORMAN, RABBI EMERITUS

DATE

«Formal_Address_Envelope»
«Primary_Address_Line_1»
«Primary_City», VA «Primary_ZipPostal_Code»

Dear «Informal_Salutation»,

At the present time, your account with Ohef Sholom Temple shows a past due balance.

The Temple is dependent on regular payments of dues to maintain its services, and we would appreciate prompt payment of the amount due. If there is any problem with the account or any other issues exist, we will be glad to discuss them with you and endeavor to resolve them to your satisfaction.

It is our desire to continue to serve you and your family as active and participating members with the many programs and opportunities offered by Ohef Sholom Temple.

It is essential that we hear from you promptly. Please contact the Temple office to discuss any issues, so that we may continue to serve you.

Sincerely,

President

Draft 6

APPENDIX D

Script for Calling Delinquent Accounts

Hi, [congregant]. This is [your name]. I am a member of the Dues Committee. Do you have a minute?

If NO: When would be a good time for me to call back (or to meet)?

If YES, continue...

Thank you for being a member of Ohef Sholom Temple. We appreciate your support.

As a Dues Committee member, it is our responsibility to ensure that the Temple has adequate resources to fulfill our mission.

We are a historic congregation - in fact this year we are celebrating the 100th Anniversary of our sanctuary and next year the 175th anniversary of our congregation. We continue to be a vibrant part of our community with wonderful clergy, a great music program, and a religious school that educates the next generation. All this takes resources.

It has come to our attention that you have a past due balance. The Temple is dependent on dues revenue to meet its obligations for payrolls, programs and the costs to operate our facility. Are you able to bring your account current?

If NO, try to determine cause, change in financial circumstances, illness, etc. and offer help to resolve. See if there is a payment arrangement that works for both the Temple and the congregant.

If YES, try to determine how it will be paid (credit card with 3% charge or sending a check by what date)

Thank you so much. I'll make a note of that in your account.

Again, I thank you for your support.

Following the Conversation:

- After call, send email to Executive Director, Dues Chair and Treasurer to summarize the details of the call and the arrangements agreed to.
- Information will be recorded in the congregant's account.

Draft 6

APPENDIX E “B Letter”



ROSALIN MANDELBERG, SENIOR RABBI

JENNIFER RUEBEN, CANTOR

LAWRENCE A. FORMAN, RABBI EMERITUS

Sample Rabbi Roz “B” Letter to Precede “C” Letter

Dear _____,

It saddens me to have to write this letter, having shared together in _____ over the years. These moments have been extremely positive [or significant or sacred] and meaningful and you have become very important to me and to our Temple family.

While I am not privy to the confidential details, unfortunately I have been made aware that our leadership and Executive Director have tried to contact you several times of late in order to talk with you about your commitment to our Temple and have been unable to reach you. Please know that we are just trying to have a conversation with you to ensure that you continue to enjoy our Temple home and family as much as we cherish you.

In fact, more than anything we want you and your family to continue the wonderful relationship we have enjoyed for many more years to come. Please contact Linda Peck or Karen Fine so that we don't have to bear the unhappiness of seeing your child _____ being unable to _____ [or not to be with you in your time of need] or [to miss out on upcoming simchas]. I don't want this to be the case and I'm certain you don't either.

I hope to learn that everything has been resolved and that we can continue to make more Jewish memories celebrating together for many years to come! In the meantime, be well!

With fondness and appreciation,

Rabbi Roz

Draft 6

APPENDIX F

“C Letter”



ROSALIN MANDELBERG, SENIOR RABBI

JENNIFER RUEBEN, CANTOR

LAWRENCE A. FORMAN, RABBI EMERITUS

DATE

«Formal_Address_Envelope»
«Primary_Address_Line_1»
«Primary_City», VA «Primary_ZipPostal_Code»

Dear «Informal_Salutation»,

We have made several unsuccessful attempts to contact you about your past due account with Ohef Sholom Temple.

It is essential that you contact our Executive Director Linda Peck to discuss the status of your account. It is our sincere desire to retain you as a member of the Temple. Accordingly, if your circumstances have changed and you are unable to pay your unpaid balance, we will be glad to discuss this with you – and even make a reasonable write-down or write-off of your account, or adjust your dues going forward, if your situation so requires.

But, to make these accommodations for you, **we must hear from you promptly. Please call our Executive Director Linda Peck at 625-4295 by [22nd of the Month]**, or we will have to assume that you are no longer interested in being a member of Ohef Sholom Temple, and consider you to have resigned.

We hope that you will choose to remain a member of the Ohef Sholom Temple family.

Sincerely,

President