



The Association of Reform Jewish Educators
Since 1955

2018-19 5778-5779

Individual ARJE Member Dues Form

(For organizations with multiple ARJE members who wish to take advantage of the multi-ARJE member discount, please list additional members and dues payments on p.2 of this form!)

NAME _____

MY POSITION IS (CHECK ONE): FULL-TIME PART-TIME
of Years in Jewish Education: _____ # of Years in Current Position: _____

ANNUAL SALARY _____ Multiply by 0.0115 = Dues _____
(For those working as Independent Contractors, please use 2017 annual income)

(Discounted rate for those earning less than \$40,000 annually)

- FROM \$30,000 to \$39,999 = Dues Amount \$300 _____
- FROM \$20,000 to \$29,999 = Dues Amount \$200 _____
- FROM \$10,000 to \$19,999: = Dues Amount \$100 _____
- LESS than \$9999: = Dues Amount \$75 _____

Full-Time Student (Not working in f/t job): = Discounted Rate of \$36 _____

Vatikai ARJE (Retired): = Discounted Rate of \$18 _____

Educational Leaders whose **PRIMARY professional association is with the ARJE** and who pay dues at the full rate of .0115 are entitled to a **reciprocal 10% discount** if they are also a member of another professional association.

Secondary Association _____

ANNUAL SALARY _____

Multiply by 0.01035 = Discounted ARJE Dues

Educational Leaders whose **PRIMARY professional association is with ANOTHER ASSOCIATION** may deduct dues paid to that association down to a minimum ARJE commitment of \$180.

Primary Association (PA) _____

ANNUAL SALARY _____ PA Dues _____

Multiply by 0.0115 & subtract PA Dues = ARJE Dues (not less than \$180) _____

(Canadian Members Submitting Calculated Dues at the Full 0.0115 Rate May Pay "at par". Please Note that Payment Must be Remitted in USD. Enter "at par" Amount Below.)

ANNUAL INDIVIDUAL ARJE MEMBER DUES: _____

Please make check payable to: National Association of Temple Educators (full name) and return with form to: ARJE, 633 Third Avenue, 7th Floor, New York, NY 10017-6778 OR email form to office@reformeducators.org

After polling our membership, we are offering an alternative payment option for those who would find it more convenient to pay online. There is a 3% convenience fee for credit card payments, so the added cost for processing is passed along only to those who want the convenience of using a credit card online. To pay online, please add 3% to your dues total: _____ and submit on the [ARJE Online Dues Submission Form](#).



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Organizations with Multiple ARJE Member Dues Form

(Please note that multiple member discounts apply to those paying dues at the Full Calculated Rate of .0115 and may not be combined with other discounted rates.)

INSTITUTION NAME, CITY, STATE _____

1st MEMBER NAME (As listed on p. 1 of this form) _____

Total Annual Individual ARJE Dues from Side A \$ _____

2nd MEMBER NAME _____

POSITION IS (CHECK ONE): FULL-TIME PART-TIME
 # of Years in Jewish Education: _____ # of Years in Current Position: _____

ANNUAL SALARY \$ _____ **Multiply by 0.009775 = 85% of Dues Amount**
 \$ _____

3rd MEMBER NAME _____

POSITION IS (CHECK ONE): FULL-TIME PART-TIME
 # of Years in Jewish Education: _____ # of Years in Current Position: _____

ANNUAL SALARY \$ _____ **Multiply by 0.008625 = 75% of Dues Amount**
 \$ _____

4th MEMBER NAME _____

POSITION IS (CHECK ONE): FULL-TIME PART-TIME
 # of Years in Jewish Education: _____ # of Years in Current Position: _____

ANNUAL SALARY \$ _____ **Multiply by 0.008625 = 75% of Dues Amount**
 \$ _____

(Additional Members Receive a 25% Discount Off Their Calculated Dues Amount.)

(Canadian Members Submitting Calculated Dues at the Full 0.0115 Rate May Pay “at par”. Please Note that Payment Must be Remitted in USD. Enter “at par” Amount Below.)

TOTAL ORGANIZATION ANNUAL ARJE MEMBER DUES: _____

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