

Please check the line that applies to your household:

Annual Dues

- Single Adult \$745
- Single Adult (with children) \$975
- Family \$1,225
- I am under 30 years of age and request a two-year 50% dues reduction

It is understood that my membership entitles me to seats for my household for the High Holiday services; to such synagogue honors as may be bestowed upon me; yahrzeit and memorial services; and all privileges and rights as are provided by the Constitution and By-laws.

The congregational year is from October 1 to September 30. A check for one-quarter dues should be submitted with this application, to be applied to the next full calendar quarter. Dues payments will be billed quarterly.

_____ (applicant's signature)

_____ (date)

If you wish to participate in a service, (e.g. Torah reading, aliya, Hebrew reading, English reading), please provide Hebrew names.

Hebrew name _____ Hebrew name _____

Father's Hebrew name _____ Father's Hebrew name _____

Mother's Hebrew name _____ Mother's Hebrew name _____

Kohen ___ Levi ___ Yisrael ___ Kohen ___ Levi ___ Yisrael ___

Please list yahrzeits you would like to have observed:

| Name | Relationship | Date |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |