

Please check the line that applies to your household:

Annual Dues

- ___ Single Adult \$760
- ___ Single Adult (with children) \$995
- ___ Family \$1,250
- ___ 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
_____	_____	_____
_____	_____	_____
_____	_____	_____