



BETH ISRAEL CONGREGATION DUES PLEDGE FORM

2018-2019

NEW MEMBER

NEW MEMBER INFORMATION:

First Adult name _____ email _____

Second Adult name _____ email _____

Address _____

City _____ state _____ zip _____ phone _____

_____ Check here if you want to opt out of being listed in the Membership Directory.

PLEDGES

DUES:

DUES Pledge for 2018-2019: \$ _____

USCJ DUES (Assessed amounts set nationally based upon 2018-2019 dues pledge as follows):

<u>Dues Pledge</u>	<u>USCJ Dues</u>		
\$ 0 - \$190	\$ -		
\$191 - \$499	\$37.25		
\$500+	\$74.50	USCJ DUES (based on above):	\$ _____

I/we would like to pledge a Supplementary Gift (not included in future dues calculations) to further sustain Beth Israel:

Sustainer: \$180 - \$359

Guardian: \$360 - \$539

Benefactor: \$540 +

Supplementary Gift: \$ _____

TOTAL PLEDGED (sum of above 3 lines): \$ _____

PAYMENTS

Amount enclosed, with this pledge form, toward each of the following:

Dues: \$ _____

USCJ: \$ _____

Supplementary Gift: \$ _____

TOTAL ENCLOSED: \$ _____

Please circle how you would like to be billed for 2018-2019 (default is monthly):

Monthly (Beginning after High Holidays)

Quarterly

Semi-Annually (December and June)

Please note: Beth Israel uses photos of synagogue events which are not associated with names or contact information. If you do not wish photos that include you/your family to be used during the 2018-2019 year, please call or email the Beth Israel office to opt out.



BETH ISRAEL CONGREGATION HIGH HOLIDAY TICKETS 2018

MEMBER NAMES: _____

As member(s) in good standing you will be sent High Holiday ticket(s) for your adult member(s) and children age 13 through 24.

ADDITIONAL HIGH HOLIDAY TICKETS FOR YOUR CHILDREN AGE 25 AND ABOVE:
(Use this form for your children not the other enclosed forms.)

YOUR CHILDREN AGE 25 AND ABOVE WHO ARE STUDENTS:

Please list the names of your children age 25 or above who are **full time graduate students or medical residents** who you would like complimentary tickets for them to attend services at Beth Israel.

YOUR CHILDREN AGE 25 AND ABOVE WHO ARE NOT STUDENTS:

Please list the names of your children age 25 or above who are not full time graduate students or medical residents who you will be purchasing tickets for, priced per person at \$65 for Rosh Hashanah and \$65 for Yom Kippur.

Name	Rosh Hashanah (\$65 each)	Yom Kippur (\$65 each)
_____	_____ yes _____ no	_____ yes _____ no
_____	_____ yes _____ no	_____ yes _____ no
_____	_____ yes _____ no	_____ yes _____ no
_____	_____ yes _____ no	_____ yes _____ no

TOTAL DUE PER HOLIDAY: **ROSH HASHANAH \$** _____ **YOM KIPPUR \$** _____

***TOTAL DUE AND ENCLOSED FOR HIGH HOLIDAY TICKETS FOR YOUR CHILDREN: \$** _____

*If you need additional tickets for other relatives and/or guests please complete the enclosed form(s) and return them, with ticket payments.