



BETH ISRAEL CONGREGATION DUES PLEDGE FORM 2019-2020/5780 NEW MEMBER

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 2019-2020: \$ _____

United Synagogue of Conservative Judaism (USCJ) DUES (Assessed amounts set nationally based upon above 2019-2020 dues pledge as follows):

Dues Pledge	USCJ Dues
\$ 0 - \$190	\$ -
\$191 - \$499	\$37.25
\$500+	\$74.50

USCJ DUES (based on pledge):

Security Fee: \$ 100.00

I/we would like to pledge additional tzedakah to further sustain Beth Israel:

Pioneer: \$180 - \$359,

Supplementary Tzedakah: \$ _____

Builder: \$360 - \$539

Guardian: \$540 +

TOTAL PLEDGED (sum of above 4 lines): \$ _____

PAYMENTS*

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

Dues: \$ _____

USCJ: \$ _____

Security Fee: \$ _____

Supplementary Tzedakah: \$ _____

OTHER PAYMENTS (See Balances Due on included statement):

Religious School: _____ \$ _____

High Holiday Tickets: _____ \$ _____

Specify Category: _____ \$ _____

TOTAL ENCLOSED (sum of above 7 lines): \$ _____

***We are moving to ShulCloud which will allow online payments. We will notify you when online payments are available.**

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
2019/5780**

Name(s): _____

Member(s) in good standing will be sent High Holiday ticket(s) **for your adult member(s) and children age 13 through 24.** Please call the office if you have questions about this number.

ADDITIONAL HIGH HOLIDAY TICKETS FOR YOUR CHILDREN AGE 25 AND ABOVE:
(Use this form for your children rather than 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 \$72 for Rosh Hashanah and \$72 for Yom Kippur.

Name	Rosh Hashanah (\$72 each)	Yom Kippur (\$72 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.**