



Office use only	
Rec'd by _____	<input type="checkbox"/>
Date _____	
Amount _____	

2023/2024 - 5784 MEMBERSHIP FORM

Name and address: _____

Phone(s) / Email(s) _____

Ph1 _____
 Ph2 _____
 E1 _____
 E2 _____

	Name	Hebrew name	Please check one
Adult 1	_____	_____	<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Yisrael
Adult 2	_____	_____	<input type="radio"/> Kohen <input type="radio"/> Levi <input type="radio"/> Yisrael
Children	Name	Hebrew name	Date of birth
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Contribution:

(Entry granted on High Holidays if contributions returned by September 1, 2023)

Family (up to two adults and children*) \$950
 - or -
 Single Adult (no children) \$555

Additional High Holiday entry for extended family members \$.....

No. of attendees (maximum 4 @ \$200)

Please print names

Donation (earmarked for) \$.....

Total enclosed \$.....

Yahrzeits & Simchas: no change, or:

Event	Name(s)	Date

Date(s) when you would like to sponsor a kiddush
 (for birthday, baby naming, anniversary, yahrzeit, etc.)

*Family membership includes up to two adults and any dependent children living under the same roof