

# MEMBERSHIP DUES

If previous arrangements have been made with the Synagogue Office, membership dues and fees may be paid in installments. Please fill out the information below and return it to our office. *Note: This form must be signed and dated.*

Please check the appropriate box:

- Payments will be made by check to the Synagogue Office on the dates indicated below.
- Please make automatic deductions to my credit card as indicated below.

<b>PAYMENT PLAN</b>			
<b>Date to be Paid/Deducted</b>	<b>Amount to be Paid/Deducted</b>	<b>Date to be Paid/Deducted</b>	<b>Amount to be Paid/Deducted</b>

<b>CREDIT CARD INFORMATION</b>		
<b>Card Type (Please circle one)</b>	Visa	MasterCard
<b>Card Number:</b>	_____	
<b>Expiration Date:</b>	_____	
<b>Name:</b>	_____	
<b>Address:</b>	_____	
	_____	

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form must be signed and dated.*

# HIGH HOLY DAY TICKET INFORMATION FORM

Please fill in the names and addresses for requested tickets

Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State Zip

Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State Zip

Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City State Zip

Phone: \_\_\_\_\_

Please check one:     Membership     New Membership     Guest

Indicate number of tickets needed: Members \_\_\_\_\_ Guests \_\_\_\_\_ Total \_\_\_\_\_

Guest High Holy Day Tickets (\$175.00 per person) \_\_\_\_\_

Additional High Holy Day Prayer Books (\$25.00 each) \_\_\_\_\_

Upon initial membership each family is provided with one Prayer Book.  
Congregation Beit Haverim uses the Mahzor Hadash by Prayer Book Press

*Please refer to the enclosed 2007-2008 Schedule and enter the appropriate amount due*

Membership Dues  Family     Sr. Family     Young Marrieds  
 Individual     Young Individual     Sr. Individual     Affiliate \_\_\_\_\_

Building Fund \_\_\_\_\_

Tuition  Hebrew School     Sunday School     Bar/Bat Mitzvah \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

**PAYMENT ENCLOSED** \_\_\_\_\_

Check enclosed     Please charge my credit card as indicated on the reverse

(Note: One half of Total Amount due before High Holiday tickets are issued unless other arrangements are made  
All accounts must be paid in full no later than May 31st, 2008)    \*\*\*\*\*

**BALANCE DUE** (please complete payment information on reverse side) \_\_\_\_\_