Membership Fee Structure 2019-20

Please consider a •Sustaining Membership to financially strengthen our community and allowing us to provide additional programs.

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>*Sustaining Member</th>
<th>Regular Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Adult (Ages 18-30) Membership (Paid in Full)</td>
<td>$130</td>
<td>$105</td>
</tr>
<tr>
<td>1st Time, 1st Year Membership (per Adult)</td>
<td>$510</td>
<td>$460</td>
</tr>
<tr>
<td>Dues (PAID IN FULL) by Credit Card on PayPal</td>
<td>$520 or *$87 mo.</td>
<td>$470 or *$78 mo.</td>
</tr>
<tr>
<td>Individual - Annual Dues</td>
<td>$1,220</td>
<td>$840</td>
</tr>
<tr>
<td>Dues (PAID IN FULL by Credit Card on PayPal)</td>
<td>$1,250 or *$210 mo</td>
<td>$855 or *$160 mo.</td>
</tr>
<tr>
<td>Single Parent - Annual Dues</td>
<td>$1,120</td>
<td>$720</td>
</tr>
<tr>
<td>Dues (PAID IN FULL by Credit Card on PayPal)</td>
<td>$1,140 or *190 mo</td>
<td>$735 or *125 mo.</td>
</tr>
<tr>
<td>Couple/Family - Annual Dues</td>
<td>$1,530</td>
<td>$1,275</td>
</tr>
<tr>
<td>Dues (PAID IN FULL by Credit Card on PayPal)</td>
<td>$1,620 or *$270 mo</td>
<td>$1,300 or *$217 mo.</td>
</tr>
</tbody>
</table>

*Amount each Post-dated Check or Credit Card Payment Processed by Executive Director (6 payments maximum before 6/30/20).

NOTE: If paying by CREDIT CARD or POST-DATED CHECKS (regular monthly installments or PAID IN FULL via PayPal), please note that the increase in membership dues shown above is necessary to cover administrative and processing costs/fees.

SUMMARY OF PAYMENT OPTIONS AND OTHER INFORMATION:

1. Check - Paid in Full (Payable to B’nai Or of Boston. Mail to: P.O. Box 400715, Cambridge, MA 02140)
2. Post-dated Checks over Time (MAX.# is 6 checks. LAST POST DATE: June 30, 2020).
   (Make Post-dated Checks payable to B’nai Or of Boston AND mail to P.O. Box 400715, Cambridge, MA 02140)
3. Credit Card via PayPal (PAID IN FULL) on B’nai Or website: www.bnaior.org/membership.html
4. Credit Card, IN FULL or MONTHLY PAYMENTS (must be processed by Executive Director. MAX# of Monthly Payments is SIX (6) processed on or before June 30, 2020). See Membership Registration, Payment Options, Page 2.
5. Subtract $75 per household if you belong to another congregation (Membership Registration, Payment Summary, Page 2).
6. Subtract $36 per household if you pay ALEPH dues directly to ALEPH (Membership Registration, Payment Summary, Page 2).

Special arrangements for financial assistance and/or work study can be arranged by contacting Nancy Levy at 617-244-3599 on or before September 15, 2019. All conversations will be held in confidence.

B’NAI OR CONTACT INFORMATION

Email: admin_bnai_or@hotmail.com          Mailing Address: P.O. Box 400715, Cambridge, MA 02140

NO EMAIL? Call our B’nai Or Executive Director, Teresa Lessin, at 781-258-7276 and leave a message.
Pages 1 and 2 should be completed and returned along with the 2019-20 Break-the-Fast Dinner Registration (if applicable). Please Print Clearly.

[ ] RETURNING MEMBER – Please fill in your name, applicable membership contribution and any information you would like to change in the B’nai Or Members Directory. Otherwise, information in Directory will be the same as last year.

Membership Type (from Membership Fee Structure page) ____________________________

Amount Due $ __________

[ ] NEW MEMBER – Complete entire form.

Membership Type (from Membership Fee Structure page) ____________________________

Amount Due $ __________

ADULTS IN HOUSEHOLD (Name(s) as you would like them to appear in the Membership Directory):

Name ___________________________________________________________ DOB MM/DD __________

*Tel 1 ___________ Cell ___________ Email __________________________

Name ___________________________________________________________ DOB MM/DD __________

*Tel 1 ___________ Cell ___________ Email __________________________

*Only note phone #’s you want listed in B’nai Or Members Directory. Indicate ‘H’ (home) or ‘C’ (cell).

CHILDREN IN FAMILY

(Name(s) and Age(s) will be listed in the B’nai Or Directory. Please print clearly.

Name(s) Age

_______________________________________

_______________________________________

_______________________________________

School Grade 2019-20

If a college student, note College/University

_______________________________________

_______________________________________

_______________________________________

REQUIRED: MAILING ADDRESS (B’nai Or Members Directory. Please print clearly):

Street __________________________________________ Apt. # ______

City __________________________ State ______ Zip ______

CONTACT INFORMATION

Email: admin_bnai_or@hotmail.com ~ Mailing Address: P.O. Box 400715, Cambridge, MA 02140

NO EMAIL? Call our B’nai Or Executive Director at 781-258-7276 and leave a message.
In addition to Membership dues, we ask you to consider contributing to any of B’nai Or’s DONATION categories listed below that speak to you. All donations are tax-deductible. We appreciate you and are grateful for your support.

- General Fund (donations to be used wherever needed) $________
- Rabbi’s Yad Ezra/Helping Hand Fund (Rabbi’s discretion to help people in need) $________
- Machzor Fund (Print new copies of Machzor as needed) $________
- Musician’s Fund (honorarium for guest musicians at Shabbat Services and Other Events) $________
- Esther’s Kids (children’s programs; subsidize families who attend retreat) $________
- Kiddush & Oneg Fund (for challot, wine, food, and paper goods) $________
- Tzedakah Fund (donations to a variety of charitable organizations) $________
- Torah Fund (repair Torah as needed) $________
- Love and Enlightenment Scholarship Fund in Honor of Rabbi Hanna Tiferet and Rabbi Daniel Siegel (to assist members with attending classes and workshops with a focus on heart, mind, and spirit) $________

TOTAL DONATION CONTRIBUTIONS (please note this amount on the appropriate line below): $________

PAYMENT OPTIONS (PLEASE PRINT LEGIBLY):

Please consider paying by check so that we do not incur additional credit card processing fees. Thank you.

- CHECK in FULL made payable to: B’nai Or of Boston
- CREDIT CARD IN FULL via WEBSITE: www.bnaior.org/membership.html.
- CREDIT CARD IN FULL processed by Executive Director. Please complete credit card information below.

NOTE: Minimum amount of credit card charge is $18.

I authorize the B’nai Or Executive Director to charge the credit card noted below a total amount of $________ to cover my Annual Membership Dues. This amount should be charged in # _____ monthly payment of $________ beginning the 15th day of ________ (month). I understand that all DONATIONS will be added to my first month’s installment. LAST CREDIT CARD CHARGE DATE IS JUNE 22, 2020. Please note address and phone number associated with card if different than information provided on Page 1.

CREDIT CARD INFORMATION (information will be kept secure and confidential). PLEASE PRINT LEGIBLY.

Name as it appears on Card ___________________________________________ Phone # __________________

Address (Street, Apt. #, City, State, Zip) ___________________________________________________________

( ) MasterCard ( ) VISA CARD # _______________________________ Exp. ________ CID/SSID#________

PAYMENT SUMMARY:

Annual Membership Dues (from Membership Registration Page 1) $________
Total Donations from Above $________
Break-the-Fast Dinner Registration (enclose completed Break-the-Fast Dinner form and payment in applicable amount. Please pay by separate CHECK if possible.) $________

Sub-Total $________
Less $75 (if member of another shul) -$________
Less $36 (if pay ALEPH dues directly to ALEPH) -$________

TOTAL PAYMENT $________