

Membership Fee Structure

Enter Membership Type and Amount on Page 2. Dues include Aleph membership. Please deduct \$36 from Membership rate if you pay separately to Aleph.

| <u>Membership Type</u> | <u>*Sustaining Member</u> | <u>Regular Member</u> |
|------------------------------------|---------------------------|-----------------------|
| 1st Time Member | \$500 | \$450 |
| Family -- Annual Dues | \$1400 | \$1176 |
| Dues plus 5% (paid by credit card) | \$1470 | \$1235 |
| Monthly Installment (6 Months) | \$245 | \$206 |
| Individual -- Annual Dues | \$810 | \$650 |
| Dues plus 5% (paid by credit card) | \$850 | \$680 |
| Monthly Installment (6 Months) | \$142 | \$114 |
| Single Parent -- Annual Dues | \$985 | \$805 |
| Dues plus 5% (paid by credit card) | \$1035 | \$845 |
| Monthly Installment (6 Months) | \$172 | \$140 |
| Couple | \$1300 | \$1098 |
| Dues plus 5% (paid by credit card) | \$1345 | \$1152 |
| Monthly Installment (6 Months) | \$225 | \$192 |

*Membership Dues: Please consider a *Sustaining Membership to strengthen our community financially thereby allowing us to provide additional programs. You may spread your dues out over 6 months by automatic credit card deduction, and pledging at a rate 5% above annual dues amount to cover administration and processing costs.*

Subtract \$50 per household (on Page 3) if you belong to another temple. Special arrangements for financial assistance can be arranged by contacting Adam Jaffe at 857.277.9927. All conversations will be held in confidence.

To contact B'nai Or, email admin_bnai_or@hotmail.com.

NO EMAIL? Call our B'nai Or Information Line at 617.244.5311 and leave a message.

Membership Registration

Please complete pages 1 and 2 and return. **Please Print Clearly**

[] RETURNING MEMBER -- Only need to fill in your name, contribution and any information you would like to change in the directory otherwise information in directory will be the same as this year.

Membership Type (from Page 1) _____ Amount Due \$ _____

[] NEW MEMBER -- Complete entire form.

Membership Type (from Page 1) _____ Amount Due \$ _____

ADULTS IN HOUSEHOLD (Please print clearly):

Name _____ MM/DD _____

*Tel 1 _____ Cell _____ Email _____

I am interested in receiving information about the _____ Committee(s).

Name _____ MM/DD _____

*Tel 1 _____ Cell _____ Email _____

I am interested in receiving information about the _____ Committee(s).

**Give only phone #'s you want to be called. Please indicate 'H' (home) or 'W' (work).*

CHILDREN IN FAMILY (Please print clearly):

Please put a star (*) next to children attending HH Day services this year.

Name(s) _____ Age _____ School Grade 2009-10 _____

() I am interested in receiving information about "Or Yeladim", B'nai Or's community Sunday school.

MAILING ADDRESS (Please print clearly):

Street _____ Apt. # _____

City _____ State _____ Zip _____

Yahrzeit NAMES/DATES (for deceased family members) :

Name _____ Relationship _____

Date (Gregorian Calendar) _____ Hebrew Date (if known) _____

Name _____ Relationship _____

Date (Gregorian Calendar) _____ Hebrew Date (if known) _____

Please list additional Yahrzeit information on a separate sheet and attach to this form.

Member Registration Form - continued

Please check the box that applies to you. **PLEASE PRINT CLEARLY.**

Payment in full I enclose three checks dated between now and December 31, 2009

I authorize 6 monthly payments at the rate \$_____ (from Membership Fee Structure). I understand that any donations noted below will be added to my first month's charge.

I already pledge to Aleph directly. I have deducted \$36 from my dues contribution.

If you are paying by CREDIT CARD, please provide this information. Please print clearly.

Name on card _____

MasterCard VISA

_____ Exp Date: _____

DONATIONS: Your funding of one these projects will make a tangible contribution to our community.

B'nai Or Rabbi Campaign Fund \$ _____

Rabbi's Discretionary Fund \$ _____

Esther's Kids Children's Program \$ _____

Tzedakah Fund \$ _____

TOTAL Donations: \$ _____

PAYMENT SUMMARY:

Annual Membership Dues (from Page 1) \$ _____

First-time Member (\$450 Regular; \$500 Sustaining) \$ _____

Donations \$ _____

Sub total: \$ _____

Minus \$50 (if member of another shul, see instructions on page 1) -\$ _____

TOTAL PAYMENT: \$ _____

Make checks payable to *B'nai Or of Boston* (or fill in credit card information above).

Thank you!

Please mail to: B'nai Or, P.O Box 400715, Cambridge, MA 02140-0008

We will not be able to accept mail registrations postmarked after September 10, 2009. After September 10, you must register at the door during the High Holy Days.

To contact B'nai Or, email admin_bnai_or@hotmail.com.

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