

Membership Fee Structure 2017-18

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

<u>Membership Type</u>	<u>*Sustaining Member</u>	<u>Regular Member</u>
Young Adult (Ages 18-30) Membership	\$130	\$105
1st Time, 1st Year Membership (per Adult)	\$510	\$460
<u>Individual - Annual Dues</u>	\$1,220	\$840
Dues (PAID IN FULL by Credit Card on PayPal)	\$1,250	\$840
*Monthly Dues (6 payments maximum before 6/30/18)	\$210	\$160
*Post-dated Checks or Credit Card Processed by Administrator		
<u>Single Parent -- Annual Dues</u>	\$1,120	\$720
Dues (PAID IN FULL by Credit Card on PayPal)	\$1,160	\$765
*Monthly Dues (6 payments maximum before 6/30/18)	\$195	\$130
*Post-dated Checks or Credit Card Processed by Administrator		
<u>Couple/Family -- Annual Dues</u>	\$1,530	\$1,275
Dues (PAID IN FULL by Credit Card on PayPal)	\$1,620	\$1,315
*Monthly Dues (6 payments maximum before 6/30/18)	\$270	\$220
*Post-dated Checks or Credit Card Processed by Administrator		

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

SUMMARY OF PAYMENT OPTIONS AND OTHER INFORMATION:

- (1) Check - Paid in Full (Make checks 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, 2018).
(Make Post-dated Checks payable to B'nai Or of Boston AND mailed 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, MONTHLY PAYMENTS or IN FULL, must be processed by Executive Director. MAX # of Monthly Payments is SIX (6) processed on or before June 30, 2018. (Membership Registration, Page 2 of 2).
- (5) Subtract \$75 per household if you belong to another congregation (Membership Registration, Page 2 of 2).
- (6) Subtract \$36 per household if you pay ALEPH dues directly to ALEPH (Membership Registration, Page 2 of 2).

Special arrangements for financial assistance and/or work study can be arranged by contacting Nancy Levy at 617-244-3599 or Dan Chernoble at 617-957-7210 on or before September 10, 2017. All conversations will be held in confidence.

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.



Pages 1 and 2 should be completed and returned along with the 2017-18 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 _____

*Give only phone #'s you want listed in B'nai Or Members Directory. Indicate 'H' (home) or 'W' (work).

CHILDREN IN FAMILY

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

Table with 3 columns: Name(s), Age, School Grade 2017-18. Three rows of blank lines for data entry.

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.

B'nai Or of Boston MEMBERSHIP REGISTRATION - Page 2 of 2

Please check ALL of the boxes that apply to you. PLEASE PRINT LEGIBLY.

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 to attend classes and workshops to open the heart, awaken the mind, and elevate the spirit) \$ _____
- Jordan Liebhaber Scholarship Fund (provides scholarship to young adults working to benefit seniors) \$ _____

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
- CHECKS POST-DATED: _____# of checks (MAXIMUM is SIX). LAST POST-DATE IS JUNE 30, 2017.
- 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.
- CREDIT CARD INSTALLMENTS (MAXIMUM is SIX - MINIMUM AMOUNT 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 15, 2018.

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

MasterCard VISA Name as it appears on Card _____

Card # _____ Exp Date: _____ 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) \$ _____

Sub-Total \$ _____

Less \$75 (if member of another shul) -\$ _____

Less \$36 (if pay ALEPH dues directly to ALEPH) -\$ _____

TOTAL PAYMENT \$ _____

Please return completed Registration Form by September 10, 2017 to
B'nai Or of Boston, PO Box 400715, Cambridge MA 02140

We will not be able to accept mailed in Registration forms postmarked after September 15.

After that date, please register at the door during the High Holy Days. If possible, please bring COMPLETED FORMS with you.

For more information, visit www.bnaior.org.

B'nai Or of Boston



2017-18 Break-the-Fast Dinner Registration

If you are sponsoring a machzor(im), and/or planning to attend the Annual Break-the-Fast Dinner following Yom Kippur services, please complete and return this form with your Membership (or Guest) Registration materials. Please enclose your check for the appropriate sum, made payable to B'nai Or of Boston. Please indicate "Break-Fast" on the check memo line.

All forms and payments should be mailed to: B'nai Or of Boston, P.O. Box 400715, Cambridge, MA 02140.

BREAK-THE-FAST DINNER REGISTRATION

**EVERYONE IS WELCOME TO OUR ANNUAL BREAK-THE-FAST DINNER (following Yom Kippur Services)
BUT SPACE IS LIMITED.**

Name(s) _____

Contact Email _____ Phone _____

COST:

Per Adult (Age 18+): \$25

Children Ages 4-17 (under Age 3 FREE): \$18 per child

Total # Adults _____

Total # Children _____

TOTAL AMOUNT DUE \$ _____
