

Membership Fee Structure 2019-20

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 (Paid in Full)	\$130	\$105
1st Time, 1st Year Membership (per Adult)	\$510	\$460
Dues (PAID IN FULL) by Credit Card on PayPal	\$520 or *\$87 mo.	\$470 or *\$78 mo.
Individual - Annual Dues	\$1,220	\$840
Dues (PAID IN FULL by Credit Card on PayPal)	\$1,250 or *\$210 mo	\$855 or *\$160 mo.
Single Parent - Annual Dues	\$1,120	\$720
Dues (PAID IN FULL by Credit Card on PayPal)	\$1,140 or *190 mo	\$735 or *125 mo.
Couple/Family - Annual Dues	\$1,530	\$1,275
Dues (PAID IN FULL by Credit Card on PayPal)	\$1,620 or *\$270 mo.	\$1,300 or *\$217 mo.

*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.

Table with 3 columns: Name(s), Age, School Grade 2019-20. Includes a note: '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.

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 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
- CHECKS POST-DATED: _____# of checks (MAXIMUM is SIX). LAST POST-DATE IS JUNE 30, 2020.
- 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.

- CREDIT CARD INSTALLMENTS (MAXIMUM # is SIX, amount per payment schedule or other arrangements. Minimum amount (each payment) which will be processed 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 \$ _____

Please return completed Membership Registration form by September 15, 2019 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



2019-20 Break-the-Fast Dinner Registration

If you are 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.

*Mailing Separately? Break-the-Fast Dinner Registration Form, and payment, should be mailed to:
B'nai Or of Boston, PO Box 400715, Cambridge, MA 02140.*

All forms should be received by no later than September 15, 2019.

BREAK-THE-FAST DINNER REGISTRATION

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

Name(s) _____

Contact Email _____ Phone _____

Total # Adults _____

Total # Children _____

TOTAL AMOUNT DUE \$ _____

COST:

Per Adult (Age 18+): \$25

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

Please return completed Registration Form by September 15 2019 to:

B'nai Or of Boston PO Box 400715 Cambridge MA 02140

For more information about B'nai Or of Boston please visit www.bnaior.org