



JEC Elmora Avenue Shul
MEMBERSHIP FORM 5772

«names»
«address»
«address2»
«city» «state» «zip»
tel: «phoneh1»

Acct #: «id»

I/We want to be a part of the great things going on at JEC Elmora Avenue Shul. I/We are committing to the following payment plan (make checks payable to "JEC Elmora Avenue Shul" or use credit card authorization below and return in enclosed envelope to the JEC business office by August 29th).

I/We recognize that per the By-laws of the JEC Elmora Avenue Shul, only those individuals that consent to one of the other payment plans set forth below will be entitled to member benefits (including, but not limited to celebrating lifecycle events [i.e. bris, bar mitzva, etc], receiving aliyot, recognition of yahrtzeits, voting on Shul matters).

I/We have read and understand all of the information contained in the attached seating form and in this Membership Form.

Signature: _____ Signature: _____ Date: _____

Dues Schedule

Single Adult Membership \$440 \$ _____

Couples Membership \$880 \$ _____

Student seats: \$100/student: x ___ # of students = \$ _____

Guests: Rosh Hashanah: \$200, Yom Kippur: \$100 (\$250 for Rosh Hashanah & Yom Kippur). Note: Full payment for guest seats must be submitted with this form.

of guests _____ x # of days _____ = \$ _____

Extra Seat (\$275/seat) \$ _____

Additional (\$500) (total of \$940) for single membership or additional \$1000 (total of \$1,880) for family membership to obtain 5772 membership rate for 5 years (until 5777) and a nameplate(s).

\$ _____

Optional contribution to the Elmora Shul Emergency Fund \$ _____

Total Due = \$ _____

Payment Options - check one:

Payment in full of \$ _____ by (circle one) check or credit card. Check must be enclosed at the time of submission of this form.

Payment to be made quarterly (beginning September 2012) by either (circle one) the enclosed post-dated checks or credit card

Payment to be made in 10 equal monthly installments (beginning September 2012) by (circle one) the enclosed post-dated checks or credit card.

I authorize the JEC to charge my

VISA/Mastercard - Acct # _____ expiration ____/____ for the amount of \$ _____

Signature

Date

Please return this form in the enclosed envelope to the JEC business office.



JEC Elmora Ave. Shul 5772 Seats Reservation Form

«last_name», «first_name»
«phone1»

330 Elmora Ave – Elizabeth NJ

Please complete and return regardless of whether or not you will be in the main shul for the yamim nora'im.

PLEASE:

- I. List each seat holder's name and indicate if the seat is being occupied on Rosh Hashanah and/or Yom Kippur. (Y = Yes / N = No)
- II. Indicate with a ✓ in the Sephardic column if you will be davening in the Sefardic Minyan.

	<u>Name of seat holder(s)</u>	<u>Gender</u>	<u>RH</u>	<u>YK</u>	<u>Sephardic</u>	<u>For office use only</u>
Single membership (includes one seat)						
Family membership (includes two seats)						
Student seats:						
Guest seats (must be paid in full along with this seat form)						
Extra seats: \$275 each						