



JEC Elmora Avenue Shul
MEMBERSHIP FORM 5779

Name: _____
Address: _____
_____ city _____ state _____ zip

tel: _____ Email : _____

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 7, 2018).

I/We recognize that per the By-laws of the JEC Elmora Avenue Shul, only those individuals that consent to one of the 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 yahrzeits, youth services, voting on shul matters, etc.).

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

Membership:

New: Patron \$2,000* \$ _____

Family \$1,155 \$ _____

Single Adult Family \$810 \$ _____

Single \$615 \$ _____

Student Seat: (\$140) x _____ students =
(through undergraduate level) \$ _____

Guest Seat:

RH (\$250) x _____ guests = \$ _____

YK (\$125) x _____ guests = \$ _____

RH & YK (\$325) x _____ guests = \$ _____

Extra Seats (i.e. older children who live at home):
(\$330 each) x _____ seats = \$ _____

Total Due: \$ _____

* Patron membership includes 2 seats at the annual shul dinner, Friends of the Kiddush sponsorship and acknowledgement on a plaque in the shul.

Note- Full payment for guest seats must be submitted with this form.

Payment Options - check one:

- Payment in full by (circle one) cash, check or credit card. Check or credit card information must be enclosed at the time of submission of this form.
- Payment to be made quarterly (beginning September 2018) by either (circle one) the enclosed post-dated checks or credit card.
- Payment to be made in 12 equal monthly installments (beginning September 2018) by (circle one) the enclosed post-dated checks or credit card.
- I authorize the JEC to charge my VISA/Mastercard - Acct # _____ expiration date ____/____ security code _____.

Optional Contributions

- I would like to add an additional one-time donation of \$ _____ as a voluntary contribution to our Shul by either (circle one) the enclosed check or charge my credit card for the additional amount.
- I would like to add an additional \$ _____ to my monthly payment as a voluntary contribution to our Shul. (Circle one:) I have added the amount to my post-dated checks or charge my credit card for the additional amount.

Signature Date

We appreciate your return of this completed form to the JEC business office by August 7, 2018.





JEC Elmora Ave. Shul 5779 Seats Reservation Form

330 Elmora Ave - Elizabeth NJ

Name: _____

Phone: _____

Please complete and return regardless of whether or not you will be in the main shul for the yamim nora'im as these are your seats for the entire year.

PLEASE:

1. List each seat holder's name (and seat number if possible) and indicate the days the seat will be occupied. For example, if you will be in Shul for both days of Rosh Hashanah but not for Yom Kippur mark RH with a "Y" and YK with "N".
2. If you are planning on attending the Sephardic Minyan mark that column with an 'X'

	<u>Name of seat holder(s)</u>	<u>Gender</u>	<u>Current Seat Number</u>	<u>RH</u>	<u>YK</u>	<u>Sephardic</u>	<u>Office use</u>
Single membership (includes one seat)							
Single adult family membership (includes one seat)							
Family membership (includes two seats)							
Student Seats: (\$140 each)							
Guest seats (\$250 RH, \$125 YK, \$325 for both- <u>must be paid in full along with this seat form</u>)							
Extra seats: \$330 each							

Check if you would like to daven for the amud or layn throughout the year.

Check if you are able to blow shofar for a sick/homebound person(s).

Additional Comments: _____

