

KEHILAT MOGEN DAVID

Year 5784

Membership & High Holiday Seating Form

FY 2023-2024

FAMILY INFORMATION									
ADULT 1:	MR/MS.	FIRST NAM	ſE:		LAST NAMI	E:			
Home Address:					City:		Zip Code:		
Email Address:					Cell Phone: Home Phone			:	
Birth Date (MM/DD/YY): Hebrew Name (e.g. First Name ben/bat Father's Name):									
Work Address:					City: Zip Code:				
Work Email Address:					Work Phone: Work Fax:				
ADULT 2:	MS.	FIRST NAM	ſE:		LAST NAME:				
Email Addre	Email Address: Cell Phone:				Wedding Anniversary (MM/DD/YY):				
Birth Date (M	MM/DD/YY	<i>(</i>):		Hebrew Name (e.g. First Na	lebrew Name (e.g. First Name ben/bat Father's Name):				
Work Addres	ss:				City: Zip Code:				
Work Email A	Address:				Work Phone:		Work Fax:		
CHILDREN									
	Englis	sh Name		Full Hebrew Name		Birth Date		School	
				(e.g. First Name ben/bat Father's Name)		(MM/DD/YY)			
				HAZKARA II	NFORMATION				
Deceased Name				Full Hebrew Name (e.g. First Name ben/bat Father's Name)		English Date of Death (MM/DD/YY)		Hebrew Date Full	
									
				CREDIT CARD AUT	HORIZATION FOR	M			
Cardholder N	Name:						(Name as it ap	opears on credit/debit card.)	
Card Number:					Exp. Date:	CVV/CVC:			
Billing Address:				-	City: Zip		Zip Code:	Zip Code:	
Amount to Charge:					Invoice/Reason:				
		on Mogen D	avid to charg	ge my credit card.	Signature/Date:				

MEMBERSHIP - Please Choose Membership Category On Left and Enter Cost On Right									
STEP 1: CHOOSE MEMBERSHIP BELOW	DESCRIPTION	RATE	STEP 2: ENTER TOTAL COST INDICATE MEMBERSHIP & ADDITIONAL COST						
FAMILY	Includes 2 High Holidays Seats. Additional seats may be purchased at Member Rate.	\$ 1,554.00							
SINGLE	Includes 1 High Holidays Seat. Additional seats may be purchased at Member Rate.	\$ 750.00							
ASSOCIATE	High Holidays seats may be purchased at Member Rate.	\$ 750.00							
YOUNG COUPLE	Includes 2 High Holidays Seats. Under 30 years old AND Married less than 3 years.	\$ 750.00							
YOUNG SINGLE	High Holidays seats may be purchased at Member Rate. Under 25 years old.	WAIVED							
NEWLYWED	Includes 2 High Holidays Seats. Additional seats may be purchased at Member Rate.	WAIVED							
NEW MEMBER	High Holidays seats may be purchased at Member Rate.	WAIVED							
SHABBAT	Please indicate the SHABBAT you would like to SPONSOR. Kiddush Date								
SPONSORSHIP	In Honor Of: In Memory Of: Seudah Shlishit Date		\$ 180.00						
SECURITY FEE	An additional mandatory security fee will be added to all membership categories.	\$ 360.00	\$ 360.00						
MEMBER SEAT	*Indicate how many additional Member seats you will purchase at \$225 each.	\$ 225.00							
HIGH HOLIDAYS		X							
NON-MEMBER SEAT	*Indicate how many additional Non-Member seats you will purchase at \$325 each.	\$ 325.00							
HIGH HOLIDAYS		X							
CONTRIBUTION	Voluntary Contribution Voluntary Contribution	\$							
VOLUNTARY									
KIDDUSH CLUB	Please indicate if you would like to JOIN: Kiddush Club	\$ 400.00							
MEMBERSHIP									
KIDDUSH	Please indicate if you would like to SPONSOR: Standard Kiddush	\$ 700.00							
SPONSORSHIP									
SEUDAH SHLISHIT	Please indicate if you would like to SPONSOR: Standard Seudah Shlishit	\$ 360.00							
SPONSORSHIP									
TEEN MINYAN	Please indicate if you would like to SPONSOR: Teen Minyan	\$ 360.00							
SPONSORSHIP									
TOTAL	PLEASE ADD THE TOTAL COST FROM STEP 2 IN THE LAST COLUMN								

^{*} Early Bird Special: There will be a \$25.00 discount if you pay your membership by July 31st.