

Congregation Beth El Binah Membership Application

Passover Madness Sale!
This form is for the membership drive ending April 17, 2016.

Please Print Clearly

Adult 1

Name _____
 Birth Date _____
 Occupation _____
 Home Phone _____
 Business Phone _____
 Mobile Phone _____
 E-mail _____

Adult 2

Name _____
 Birth Date _____
 Occupation _____
 Home Phone _____
 Business Phone _____
 Mobile Phone _____
 E-mail _____

Household Information

Street Address _____
 City _____ State _____ Zip _____
 Couple's Anniversary _____

Children (still living at home)

Name _____ Name _____
 Birth Date _____ Birth Date _____
 Name _____ Name _____
 Birth Date _____ Birth Date _____

I/We would like to join at the following level:

LEVEL	SINGLE	✓	HOUSEHOLD	✓	BENEFITS INCLUDE
Shalom	\$325 \$162		\$425 \$212		High Holiday Tickets *
Mitzvah	\$425 \$212		\$625 \$312		High Holiday + Passover Tickets *
Aliyah	\$575 \$287		\$825 \$412		High Holiday + Passover Tickets *
Chai	\$1275 \$637		\$1525 \$762		High Holiday + Passover Tickets
Student	\$125 \$62		-----		High Holiday Tickets *
Out of Town	\$100 \$50		\$100 \$50		*

*** For this special membership drive, all membership levels include Passover Tickets. (Single memberships include 1 ticket; household memberships include 1 ticket per person listed on this application.) To qualify for this offer, we must receive your first payment by April 17.**

*Beth El Binah will not deny membership due to financial need.
Please contact any board member to discuss dues relief.*

Passover Seder

If you plan to attend the Passover Seder, please indicate here the number of tickets you require. _____

I/We would like to pay:

- In a single payment
- In 2 quarterly payments
- In 6 monthly payments

I prefer to pay by:

- Check – payment is enclosed
- Bill me

After your online account is set up, the treasurer will send you a statement which will include instructions for paying via PayPal or submitting your payments by traditional check(s). You may also pay in full at this time by mailing your check with this form.

Please send this form, with or without your check, to:

**Beth El Binah
P.O. Box 191188
Dallas, TX 75219**

Yahrzeits

Please list any Yahrzeits you would like observed at Shabbat services. You may also enter this information online after your account is set up.

Name of Deceased	Relationship to Member	Hebrew OR Civil Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adult 1 Signature _____ **Date** _____

Adult 2 Signature _____ **Date** _____