P'nai Or Philadelphia

or:

Membership Form

Payment can also be made by automatic checks through your bank.

Check one: No	ew Me	ember	Renewin	g Member		Ι	Date:
Name(s)				Phon	e (h)		
Street					(h) ne (w)		
City, ST, Zip				Phon	e (c)		
Email(s)					(c)		
Children:							
Name	Age	Will attend services*		Name	Name		Will attend services*
Please indicate if you are inte	rested	in child	care/children's	programming	5.		
Davvenen' Leaders Group Social Action/Tikkun Olam Outreach to Sick and Berea Offer Home for Gatherings Hospitality Suggested Yearly Dues (pleadour membership year begins in f your circumstances allow, pleadour membership year begins in f your circumstances allow, pleadour membership year begins in f your circumstances allow, pleadour membership year begins in f your circumstances allow, pleadour membership year begins in f your circumstances allow, pleadour membership year begins in figure of the property	wed ase ch ase ch	eck your	nd runs through	ming ach August. Due	N T E O	Newslet Yorah St Education	tudy on
MEMBER CATEGORY	- Cuse c		IONTHLY		UARTERLY	7	YEARLY
Family*		9	\$54 - \$112		\$162 - \$337		\$646 - \$1346
☐Individual*			\$38 - \$88		\$112 - \$262		\$446 - \$1046
Benefactor*		(over \$130		over \$350		over \$1360
Associate**			\$16 - \$40		\$48 - \$118		\$190 - \$470
STUDENT Family ***			\$36		\$107		\$428
STUDENT Individual**	*		\$28		\$82		\$328
☐Low Income ****]	pership this year.				
Dues include \$36 per housel ** Associate membership is a g affiliation is with another con *** Includes \$18 per household fi ****No one is turned away for fir Tammy Forstater at 610-649	reat wangregat For annuancial 19-9427,	y to supption. High ual membareasons. or Rich	oort P'nai Or if yo h Holidays are in pership dues to A If you would lik Heiberger at 215	ou can't be acticled but not LEPH, our pare to discuss yo -247-9204, Ste	ve because of a voting priviles ent organization ur dues, call Ja ering Council of	distance ges or A on. net Neu co-chair	LEPH membership. Ifeld at 609-410-6051, s.
My/our yearly dues will be:							
Signature:		;11 £1.	fill my/ova d	nladga in	novimant	s of ¢	
Payment Plan Schedule: Payment will be by:		will full	fill my/our dues	s pleage in Bank Autom			
Vayment win be by: Make checks navable to:				_			