

JEC Elmora Ave. Shul Membership 5769
330 Elmora Ave - Elizabeth NJ

PLEASE:

- List each seat holder's name and indicate if the seat is being occupied on the first day of Rosh Hashana (R1) and/or the second day (R2) and/or Yom Kippur. (**Y = Yes / N = No**)
- Indicate with a ✓ in the Sefardic column if you will be davening in the Sefardic Minyan for the Yomim Noraim.

	<u>Name of seat holder</u>	<u>Gender</u>	<u>R1</u>	<u>R2</u>	<u>YK</u>	<u>Sefardic</u>	<u>for office use only</u>
Single membership \$400 (Includes 1 seat)							
Family membership \$800 (Includes 2 seats)							
Student seats: \$50 each							
Guest seats: \$50 each day							
Extra seats: \$250 each							

If you are able to blow shofar for sick/homebound, please let us know. Thank You!

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

Optional: I have enclosed an additional \$500 (for a total of \$875) for a single membership in order to maintain the 5768 rate for the next five years (until 5773) and to receive one name plate on my seat.

Optional: I have an enclosed an additional \$1,000 (for a total of \$1,750) for a family membership in order to maintain the 5768 rate for the next five years (until 5773) and to receive a name plate on my seat and my spouse's seat.

Kindly indicate your method of payment:

___ Enclosed is a check made payable to JEC Elmora Avenue Shul

___ I authorize the JEC to charge my VISA/Mastercard - Acct # _____ expiration ____/____ for the amount of \$ _____

Membership (\$400 or \$800)\$ _____

Student seats (\$50 each)\$ _____

Guest seats (\$50 each day)\$ _____

Extra seats (\$250 each seat)\$ _____

Optional payment: \$ _____

Total due \$ _____

Signature _____

Date _____

Name _____ Home tel _____

Address _____
