CONGREGATION ANSHE SHOLOM

50 North Avenue • New Rochelle, NY 10805 Phone (914) 632-9220 / Fax (914) 632-8182 E-mail Address: ASNEWROCH@AOL.COM

2016-17 Membership Application / Dues Notice

.		Date of Birth	
me Date of Birth			
ren's Names (Hebrew/English) & I	Dates of Birth		
peer. Ilf you plan to be away and	wich to got our mailings in	places call the office with alternate address!	
	[If you plan to be away and wish to get our mailings, please call the office with alternate address] Phone:		
<u></u>		E-Mail Address:	
ASE CHECK APPLICABLE CATE	:GORY·		
FAMILY MEMBERSHIP	GONT.	SINGLE MEMBERSHIP	
Includes 2 High Holiday seats	s	Includes 1 High Holiday seat	
[] Under age 35 \$ 9		[] Under age 65 \$625.00	
[] Age 35 – 64 \$1,3		[] Age 65 and Over \$500.00	
-	75.00	[] Single Parent \$850.00	
ASSOCIATE MEMBERSHIF	(a family or individual where 2 (a family or individual where 2 (a family or individual where 	ho has an existing membership at another shul)	
[] Family \$5	00.00 May purchase High	h Holiday seats @ \$86.00 each	
		h Holiday seats @ \$86 00 each	
		_ # of Women's Seats needed to discuss my seating needs.	
Additional High Holida	y seats may be purc	chased at the following rates:	
Members \$	86.00 (
Enclosed is my/our check for	r the following items:		
DUES (Please insert dues amour	nt selected above)	\$	
ASSOCIATE or ADDITIONAL MEMBER SEATS		 @ \$ 86.00 \$	
NON-M	EMBER SEATS	@ \$136.00 \$	
BUILDING MAINTE	ENANCE FUND	\$	
TC	OTAL AMOUNT EN	ICLOSED \$	
		_	
zeits (Please list names, relationsh	nips and dates):		
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