



AHAVAT OLAM SYNAGOGUE

קהילת אהבת עולם

MEMBERSHIP FORM

Personal Information

Name of member:

Full Mailing Address:

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Of the personal information above, what information would you like to share with other members of Ahavat Olam in the printed members' directory?

- All Name Address Home phone Cell phone Work phone
 E-mail None

Note: The member directory is available only to Ahavat Olam members. Only the information which each member consents to share will be listed in the directory.

Additional Information (Optional – tell us only what you'd like)

Work place: _____

Children/Dependents/Loved Ones: *(please provide names, ages and birthdates)*

Yahrzeit Dates: *(please provide names, relation and birthdates)*

- Yes, this additional information can be made available to other members of Ahavat Olam
 No, I'd prefer this additional information to remain private and confidential

Is there any other information about yourself or your family that you would like to share with us?

Tax receipts will be issued for all membership fees and contributions

Membership fee

Yes, I want to be a member of Ahavat Olam during the year 5771 (2010-11)

Please find \$18 per membership fee enclosed as a cheque or credit card payment (see below)

Sustaining Contribution

Yes, I/we want to make a Sustaining Contribution to Ahavat Olam

I/we prefer to make 12 monthly contributions of:

- | | |
|--------------------------------------|------------------------------|
| <input type="checkbox"/> 50 | <input type="checkbox"/> 100 |
| <input type="checkbox"/> 65 | <input type="checkbox"/> 130 |
| <input type="checkbox"/> 100 | <input type="checkbox"/> 200 |
| <input type="checkbox"/> 150 | <input type="checkbox"/> 300 |
| <input type="checkbox"/> 200 | <input type="checkbox"/> 400 |
| <input type="checkbox"/> Other _____ | |

I/we prefer to make one annual contribution of:

- | | |
|--------------------------------------|-------------------------------|
| <input type="checkbox"/> 600 | <input type="checkbox"/> 1200 |
| <input type="checkbox"/> 780 | <input type="checkbox"/> 1500 |
| <input type="checkbox"/> 1200 | <input type="checkbox"/> 2400 |
| <input type="checkbox"/> 1800 | <input type="checkbox"/> 3600 |
| <input type="checkbox"/> 2400 | <input type="checkbox"/> 4800 |
| <input type="checkbox"/> Other _____ | |

Payment Options

I/we prefer to contribute by cheque

- Please find enclosed a cheque for an annual sustaining contribution of \$ _____
- Please find enclosed _____ post-dated cheques for monthly sustaining contributions of \$ _____
- Please find enclosed a cheque for _____ memberships at \$18 each for \$ _____

I/we prefer to contribute by credit card. Please charge my

- VISA MasterCard American Express

Card Number: _____ Expiry Date: _____

Name on Card: _____

Authorized Monthly Contribution \$ _____

Authorized Annual Contribution \$ _____

Authorized Membership Dues (\$18 per person) \$ _____

Signature: X _____ Date: _____