



Makom Ohr Shalom Dues Contribution Levels For Fiscal Year 2011-2012 (Effective July 1, 2011)

Last Name: _____
First Name: _____

Times Chai (18)	Monthly	Yearly	Number of High Holy Day Tickets *
2.0	\$36.00	\$432.00	1
2.5	\$45.00	\$540.00	1
3.0	\$54.00	\$648.00	1
3.5	\$63.00	\$756.00	1
4.0	\$72.00	\$864.00	1
4.5	\$81.00	\$972.00	2
5.0	\$90.00	\$1,080.00	2
5.5	\$99.00	\$1,188.00	2
6.0	\$108.00	\$1,296.00	2
6.5	\$117.00	\$1,404.00	2
7.0	\$126.00	\$1,512.00	2
7.5	\$135.00	\$1,620.00	2
8.0	\$144.00	\$1,728.00	2
8.5	\$153.00	\$1,836.00	2
9.0	\$162.00	\$1,944.00	2
9.5	\$171.00	\$2,052.00	3
10.0	\$180.00	\$2,160.00	3

How Our Dues Structure Works

We have restructured the membership dues to make them more flexible and more accessible to everyone regardless of income level.

Our dues levels are based on multiples of Chai (\$18). These levels give you choice. You decide what level feels comfortable to you. Gone is the concept of 'the special arrangement'.

We know that you know your finances and what your comfort level is. All membership information is kept highly confidential. These levels are guidelines and if you have a special need please contact us and we will work with you.

* Children and teenagers are included in all memberships

Please Remember:

No one is ever turned away from membership at Makom Ohr Shalom due to financial hardship. Makom is happy to make confidential special arrangements to any who may be in need of them.

I wish to pay a Monthly Yearly Payment of \$_____

I will pay by Check (Please enclose first month's dues)

Credit Card

Makom Ohr Shalom is authorized to charge the above pledge to the credit card listed below each month from July 1, 2011 thru June 30, 2012:

Number: _____ Code: _____ Expires ____/____

Signature: _____

Please make your remittance payable to Makom Ohr Shalom, include this form:

Mail to: Makom Ohr Shalom P.O. Box 5086 West Hills , CA 91308 or **Fax to:** 818.743.7628

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____

Wedding Anniversary: ____/____/____

Name #1: _____ Date of Birth: ____/____/____

Occupation: _____ Business Phone: _____

Hobbies and Interests: _____

E-mail: _____ Cell: _____

Name #2: _____ Date of Birth: ____/____/____

Occupation: _____ Business Phone: _____

Hobbies and Interests: _____

E-mail: _____ Cell: _____

Child/ Teen Members

Name: _____ M F Date of Birth: ____/____/____

Name: _____ M F Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Unless checked below, the information above will be included in the Membership Directory, published annually and made available to members only.

Do not include this information in the Membership Directory.