



Accounting Form 5772/2011

Last Name: _____ First Name(s): _____
 Address: _____
 City/State/Zip: _____ Email: _____
 Home Phone: _____ Cell: _____

1. Membership Dues..... \$ _____

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|---|--------|---|--------|
| 1. Family (HH tickets for all up to age 23)..... | \$1200 | 6. Senior Family (70+ years, 2 HH tickets)..... | \$ 875 |
| 2. Single (1 HH ticket) | \$ 575 | 7. Single Senior (1 HH ticket)..... | \$ 475 |
| 3. Young Single (under 35, 1 HH ticket)..... | \$ 225 | 8. Associate Family (no HH tickets)..... | \$ 575 |
| 4. Young Couple (oldest under 35, First year free)..... | \$ 425 | 9. Single Associate (no HH tickets)..... | \$ 425 |
| 5. Young Family (Oldest spouse under 35, HH tickets for all up to age 23).... | \$ 800 | | |

____ No one will be refused membership for financial reasons. Please have the Chesed representative contact me.

2. Add'l Member High Holy Day Tickets

_____ (X)	\$136.00	\$ _____
Number of Adult Tickets			
_____ (X)	\$ 75.00	\$ _____
Number of Children's Tickets			

3. Non-Member High Holy Day Tickets

_____ (X)	\$180.00	\$ _____
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4. Childcare Fees

_____ (X)	\$ 45.00	\$ _____
Number of Childcare Children			

5. Yizkor Memorial Book

_____ (X)	\$ 18.00	\$ _____
Number of Names			

6. Break the Fast

_____ (X)	\$ 18.00	\$ _____
Number of Adults			

_____ (X)	\$ 10.00	\$ _____
Number of Children			

7. High Holy Day Greeting

_____ (X)	\$ 10.00	\$ _____
Number of Listings			

8. Voluntary Credit Card Donation

(Please consider making a donation to help offset the fees we incur when offering the use of Credit Cards)

	\$50.00	\$ _____
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	TOTAL AMOUNT	\$ _____
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	AMOUNT ENCLOSED	\$ _____
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Please return this form with payment and Ticket Request Form by **September 14, 2011.**

Please call the office if a monthly payout is needed for dues
or to charge your Visa/Mastercard/Discover

Please make checks payable to Congregation Shaarei Kodesh

Congregation Shaarei Kodesh 19785 Hampton Drive Boca Raton, Florida 33434
(561) 852-6555 www.shaareikodesh.org