



Financial Agreement 2018-2019

Membership covers timeframe from now through August 31, 2019.

I. Membership (Choose one option)

<input type="checkbox"/> Single Person	1 Adult, no children	\$ 475.00
<input type="checkbox"/> Single Parent Plus	1 Adult, with children	\$ 500.00
<input type="checkbox"/> Couple	2 Adults, no children	\$ 950.00
<input type="checkbox"/> Family	2 Adults, with children	\$ 1000.00
<input type="checkbox"/> Young Family	2 Adults (< age 40), with children	\$ 650.00

TOTAL MEMBERSHIP DUES (from above) \$ _____

II. (a) Religious School

COST per child

MEMBER Single Parent Plus, Family, or Young Family Membership, if PAID UP by Oct.31, 2018:
Grades K-7 per Child....(#)_____ **NO CHARGE**

NON-MEMBER Religious School Rate (or MEMBER on Payment Plan):
Grades K-7 per Child....(#)_____ x \$ 400.00 \$ _____

Adult B'nai Mitzvah per Adult....(#)_____ x \$ 400.00 \$ _____

II. (b) Bar/Bat Mitzvah

Bar/Bat Mitzvah Fee per Child....(#)_____ x \$ 300.00 \$ _____

III. Prayer Book Donation per Book....(#)_____ x \$ 36.00 \$ _____

PRAYER BOOK IN HONOR OF (or) IN MEMORY OF (please circle choice)
(Please print appropriate wording for book plate label) _____

Total Due (sum of sections I + II + III above) \$ _____

Payment Options (Choose one option)

- One full payment submitted with this agreement
- Deposit one half of dues, then balance due on 1st day of month 6 months after Agreement Date
- Deposit one qtr of dues, then balance due in 3 equal payments on 1st day of month every 3 months
- Deposit \$100.00 per adult, then balance due in monthly equal payments on 1st day of each month

Credit Card Payments are available on our website, secured through PayPal.

Note: All Credit Card Payments will incur additional 5% surcharge to cover fees.
Any payments made after the 15th of the month due will incur a \$25.00 late fee.
All payments for current fiscal year must be received no later than August 31, 2019.

Less Deposit (or applicable Discount) < \$ _____ >

Balance Due \$ _____

Financial Agreement Authorized By: _____

SIGNATURE of Member(s) REQUIRED

Dated: _____

Congregation L'Dor Va-Dor

P.O. Box 540784, Lake Worth, FL 33454 (561) 968-0688 Email: info@LDORVADOR.org

Website: LDORVADOR.org Like us on Facebook



Membership Form 2018-2019

Date _____

Last Name(1) _____ First Name _____ Birthday _____

Last Name(2) _____ First Name _____ Birthday _____

Occupation(s) _____ Anniversary _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone(1) _____ Work Phone(1) _____

Cell Phone(2) _____ Work Phone(2) _____

Email Addr(1) _____ Email Addr(2) _____

How did you hear about us? (family/friend/Rabbi/website/advertising/flyer/postcard) _____

To opt out of Congregation Email communications, please check.

To opt out of inclusion on L'Dor Va-Dor Directory for Members only, please check.

Children (Only for Family Memberships):

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Yahrzeits (please provide English Month and Day; you will receive notification for each):

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Name _____ Relationship _____ Date of Death _____

Areas of Expertise/Interest for Volunteering: _____

Committees you would like to join: Membership Communication Sunshine

Fundraising Program Planning Education Financial Ritual Oneg

High Holy Days Sisterhood Bylaws Social Action Other _____

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