



## Invoice for Membership Dues and Gesher Fees 2019-2020



Member Name(s) \_\_\_\_\_

**MEMBERSHIP CATEGORIES AND DUES**

- |  |          |
|--|----------|
| <input type="checkbox"/> Two Adult Household                       | \$ 2,425 |
| <input type="checkbox"/> Single Adult Household                    | \$ 1,385 |
| <input type="checkbox"/> Two Senior Adult (65+) Household          | \$ 1,620 |
| <input type="checkbox"/> Single Senior Household (65+)             | \$ 1,270 |
| <input type="checkbox"/> Two Young Adult Household (both under 35) | \$ 1,215 |
| <input type="checkbox"/> Single Young Adult Household (under 35)   | \$ 695   |

Write Dues Amount Here \$ \_\_\_\_\_

**RECONSTRUCTIONIST MOVEMENT DUES (Required)**

\$ 40

**GESHER FEES (if applicable, from page 2)**

\$ \_\_\_\_\_

**DONATION - To offset reduced dues for New Members \$18 - \$1,800 (or more)**

\$ \_\_\_\_\_

**TOTAL Annual Commitment (July 1, 2019 – June 30, 2020)**

\$ \_\_\_\_\_

**PAYMENT OPTIONS (Regardless of your payment choice, your initial payment is due July 1, 2019 along with this form.)**

Please select a payment schedule below and fill in amount here: \$ \_\_\_\_\_

- One Payment (due July 1)
- Semi-Annual (due July 1 and Jan 1)
- Quarterly (due July 1, Oct 1, Jan 1 and April 1)
- Monthly (due monthly July 1 – June 1)

**PAYMENT METHOD**

PayPal payments can also be made through our website at [www.dorhadash.org/support-dor-hadash.html](http://www.dorhadash.org/support-dor-hadash.html)

- Auto Check    
  Personal Check #    
  MC/Visa    
  American Express

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Exp. Date \_\_\_ / \_\_\_    3 or 4 digit security code \_\_\_\_\_

By signing my “Authorized Credit Card Signature” I authorize Congregation Dor Hadash to charge my credit card based on the payment schedule I have indicated.

- Please charge my card an additional 2% to offset the cost of credit card processing fees.

Authorized Credit Card Signature \_\_\_\_\_

*If you have any changes of name, address, phone numbers, family members and email addresses, or if you would like to add a yearzeit remembrance to your list, please tell us here:* \_\_\_\_\_

*Thank you for your commitment. Please complete and return this form to the office by mail or email to the Administrator, Julie Gross, at [administrator1@dorhadash.org](mailto:administrator1@dorhadash.org). If you have questions, please contact the office at 858-268-3674 x101.*

## GESHER APPLICATION AND FEES

.1.	Child's Name: _____ Grade In 2019/2020 _____ Child's School _____ Hobbies/Skills _____ Physician's Name & Number _____ Emergency Contact Name & Number _____ Allergies / Special Learning Needs _____	Grade _____  Fee _____ (see Fee Schedule below)
2.	Child's Name: _____ Grade In 2019/2020 _____ Child's School _____ Hobbies/Skills _____ Physician's Name & Number _____ Emergency Contact Name & Number _____ Allergies / Special Learning Needs _____	Grade _____  Fee _____  Discount - \$50 (excluding madrihim)
3.	Child's Name: _____ Grade In 2019/2020 _____ Child's School _____ Hobbies/Skills _____ Physician's Name & Number _____ Emergency Contact Name & Number _____ Allergies / Special Learning Needs _____	Grade _____  Fee _____  Discount - \$50 (excluding madrihim)
4.	Child's Name: _____ Grade In 2019/2020 _____ Child's School _____ Hobbies/Skills _____ Physician's Name & Number _____ Emergency Contact Name & Number _____ Allergies / Special Learning Needs _____	Grade _____  Fee _____  Discount - \$50 (excluding madrihim)

* Required No Nudge Fund (\$40, one student / \$60, more than one student - excluding madrihim)	Circle:	\$40 / \$60
Total Fees - PLEASE TRANSFER THIS TOTAL TO PAGE 1		\$ _____

**EMERGENCY MEDICAL TREATMENT & PHOTO RELEASE:**

I/We, \_\_\_\_\_, the parent(s)/guardian(s) of \_\_\_\_\_, a minor, have entrusted said minor into the care of a representative of Congregation Dor Hadash for the welfare of that minor, and authorize this representative to consent to emergency medical treatment in the event that I am/we are unable to be contacted. A copy of this release is to be considered valid authorization to perform emergency medical treatment. This authorization is effective until July 1, 2020, unless revoked at any time by written notice.

The undersigned hereby applies for admission to the Geshher program for the child(ren) listed above and: (1) agree(s) to pay the annual tuition (below) to CDH during the fiscal year July 1, 2019-June 30, 2020, with an initial payment due on July 1, 2019 and (2) in the event of early withdrawal from the Geshher program, the undersigned agree(s) to be responsible for any fees outstanding at the time of that withdrawal.

We also hereby grant a **release for photographs** of our child(ren) taken while participating at CDH to be published in HaKeshher, on the website, or as part of a publicity release to the press.

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**FEE SCHEDULE**

GRADE	FEE
Pre-K to 5 <sup>th</sup> Grade	\$ 850
6 <sup>th</sup> Grade	\$1,025
7 <sup>th</sup> Grade	\$1,600
Madrih/Youth Group (8 <sup>th</sup> -12 <sup>th</sup> )	\$ 300

\* "No Nudge" fee covers the cost of teachers' and madrihim gifts for Hanukkah and end of year plus Saturday coffees.