



Invoice for Membership Dues and Geshher Fees

2021-2022

Member Name(s) _____

MEMBERSHIP CATEGORIES AND DUES

- Two Adult Household \$ 2,425
- Single Adult Household \$ 1,385
- Two Senior Adult (65+) Household \$ 1,620
- Single Senior Household (65+) \$ 1,270
- Two Young Adult Household (both under 35) \$ 1,215
- 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, 2021 – June 30, 2022) \$ _____

PAYMENT OPTIONS (Regardless of your payment choice, your initial payment is due July 1, 2021 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

- 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 yahrzeit 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 White, at administrator1@dorhadash.org. If you have questions, please contact the office at 760-688-8282.

GESHER APPLICATION AND FEES

.1.	Child's Name: _____ Grade In 2021/2022 _____ 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 2021/2022 _____ 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 2021/2022 _____ 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 2021/2022 _____ 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, 2022, 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, 2021-June 30, 2022, with an initial payment due on July 15, 2021 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 th Grade	\$ 850
6 th Grade	\$1,025
7 th Grade	\$1,600
Madrih/Youth Group (8 th -12 th)	\$ 300

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