



APPLICATION FOR DISCRETIONARY CONSIDERATION 2024-2025

This information is kept strictly confidential.

Please complete this application each year.

Member's Name	Co-Member's Name
When is the best time to reach you <input type="checkbox"/> AM <input type="checkbox"/> PM	Preferred phone number

Your email address

Membership Category (✓ category)	Regular Dues/Fees	What You Can Pay
<input type="checkbox"/> Two Adult Household	\$2,425	
<input type="checkbox"/> Single Adult Household	\$1,385	
<input type="checkbox"/> Two Senior (65+) Household	\$1,620	
<input type="checkbox"/> Single Senior Household (65+)	\$1,270	
<input type="checkbox"/> Two Young Adults Household (both under 35)	\$1,215	
<input type="checkbox"/> Single Young Adult Household (under 35)	\$ 695	
<input type="checkbox"/> Gesher School Fees (if applicable)	\$	
<input type="checkbox"/> No Nudge Parents Fund	\$40	
<input type="checkbox"/> No Nudge Parents Fund (two or more children)	\$60	
<input type="checkbox"/> Annual Reconstructionist Movement Dues	\$ 40	
Total for Membership and Gesher School (if applicable)	\$	Total You Pledge to Pay \$

Payment schedule: Annual Semi-Annual Quarterly 12 Monthly Payments

Payment method: I will pay by check. Please charge my credit card:

First Name	Last Name	Address	Phone #
Card #	Exp. Date ____ / ____ 3-digit security ____		Signature

All dues and fees must be completely paid by 7/30/24.

Comments:

Member's Signature	Date
Co-Member's Signature	Date