

ATC Synagogue Membership Contract

July 1, 2009 to June 30, 2010

Please return with first payment by August 1, 2009

Name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ e-mail _____

Cell phone _____

1. I am renewing my membership in the following category (see attached for details).

Check one: (These amounts reflect membership dues only, tuition will be assessed separately if applicable)

- Single, \$950
- Single Family, \$1150
- Family, \$1595
- Senior Couple, \$895
- Couple, \$1395
- Young Family, \$1095
- Senior Single, \$490
- Family with 1 Jewish spouse, \$1395

2. List yourself and ALL family members who are covered by this contract:

Name _____ Relationship _____ SELF _____ Birthday _____

Name _____ Relationship _____ Birthday _____

CHILDREN:

Name _____ Public School Grade* _____ Birthday _____

Name _____ Public School Grade* _____ Birthday _____

Name _____ Public School Grade* _____ Birthday _____

If more room is needed, please continue on back * as of September 2009

3. Payment Terms (Please select one):

- Monthly, evenly split over 10 months starting July (as on the included bill)
- Quarterly, evenly split over 4 periods starting July
- Annually, due August 1

4. Payment Form (Please select one):

- Send bill to my home via US Mail
- Charge my credit or debit card (must have Visa or MasterCard logo)
 - also: use the credit/debit card you have on file OR
 - I will contact the office (781-344-8733) and provide my credit/debit card info

NOTE: Financial aid does not automatically renew. Having received financial aid in the past does not qualify you again in this or future years. If you are in need of financial assistance, please contact our Financial Secretary, Marcia Boland at 781-344-8733 or finsec@atorah.org. All information will be kept in strictest confidence.

I understand that if I fall behind in my obligations to the synagogue, I give permission to the Financial Secretary to contact me. Further, the synagogue may use outside agencies to collect any accrued debt. I also understand that I am responsible for the entire year's dues once this contract is signed.

Signed _____ Print Name _____ Date _____

****Note: this contract does not automatically enroll your child in our Hebrew School. To do so, contact our Religious School Office (781-344-8755) for a separate application.**