

NESSAH SYNAGOGUE
MEMBERSHIP APPLICATION
January 1, 2009 – December 31, 2009

Family Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Husband Work Phone: _____ Cell: _____ E-mail: _____

Wife Work Phone: _____ Cell: _____ E-mail: _____

If your application and payments are submitted before May 31, use the chart for the discounted prices. Otherwise, use the regular rates.

LIST ALL FAMILY MEMBERS

First Name	Male/Female <small>(circle one)</small>	Email Address	Date of Birth	Age	Dues	Relationship	Requested Hall <small>(circle one)</small>
1 _____	M / F	_____	_____	___	\$ _____	_____	Simcha / Shofet
2 _____	M / F	_____	_____	___	\$ _____	_____	Simcha / Shofet
3 _____	M / F	_____	_____	___	\$ _____	_____	Simcha / Shofet
4 _____	M / F	_____	_____	___	\$ _____	_____	Simcha / Shofet
5 _____	M / F	_____	_____	___	\$ _____	_____	Simcha / Shofet
6 _____	M / F	_____	_____	___	\$ _____	_____	Simcha / Shofet

Enclosed total Membership dues: \$ _____

Method of Payment: Check enclosed Or please charge my card: Visa M/C Card Number: _____

Expiration _____ (3) Digit code _____ Signature _____

The full amount of: \$ _____ OR Installment payments of: \$ _____ Your credit card will be charged monthly (May 31 through Sept. 30, 2009)

Please use the Schedule of Charges on the brochure to complete this form. Mail this **Membership Application Form** to Nessah in the enclosed self-addressed envelope along with your membership dues. For additional families or individual member application, this form may be copied and submitted. Please note that your personal information will **NOT** be released to any other organization. **NO APPLICATION WILL BE PROCESSED UNLESS THIS FORM IS COMPLETED AND PAYMENT ARRANGEMENTS ARE MADE.** *Thank you!* 142 S. Rexford Drive, Beverly Hills, CA 90212 TEL: (310) 273-2400 FAX: (310) 276-3800