

5776 (2015/2016) Annual Dues

Please complete the following information and return it with your check payable to:

Temple Israel of Lehighton

Vickie L. Semmel, Treasurer

(call or email for mailing address: svsemmel@ptd.net / 610.703.2854)

(Please check one)

Full Membership:

_____ \$200.00 Single Membership _____ \$400.00 Family Membership

Associate Membership:

I am a dues paying member in good standing at:

(Name of Synagogue / Congregation and address)

_____ \$100.00 Single Membership _____ \$200.00 Family Membership

_____ I prefer to make four monthly payments of \$ _____

Name(s) _____

Address _____

Telephone Numbers:

Home _____ Cell _____ Work _____

Email Address _____

(All personal information will be kept strictly confidential.)

Thank you