

5779 (2018/2019) 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:

_____ \$275.00 Single Membership _____ \$550.00 Family Membership

Associate Membership:

I am a dues paying member in good standing at:

(Name of Synagogue / Congregation and address)

_____ \$150.00 Single Membership _____ \$300.00 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