

Temple Israel of Lehighton

194 Bankway Street, Lehighton, PA 18235
Website: templeisraeloflehighton.com
E-Mail: contact@templeisraeloflehighton Phone: (610) 379-9591

Your membership contribution is vital to the overall economic health of Temple Israel of Lehighton and allows us to remain a vibrant center of the Jewish Community. Listed below are the financial commitment membership choices for the 2019-2020 fiscal year. We are fortunate to be able to gather as a warm, caring congregation – eager and devoted to maintaining our Judaic way of life through worship, camaraderie and an established relevance in today's world.

5780 (2019/2020) Annual Dues

Please complete the following information and return it with your check payable to:
Temple Israel of Lehighton c/o Vickie L. Semmel, Treasurer
(Email svsemmel@ptd.net or call 610.703.2854 for mailing address)

(Please check one)

Full Membership:

_____ \$293.00 Single Membership _____ \$586.00 Family Membership

Associate Membership:

I am a dues paying member in good standing at:

(Name of Synagogue / Congregation and address)

_____ \$168.00 Single Membership _____ \$336.00 Family Membership

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

Name(s) _____

Address _____

Telephone _____ Numbers: _____ Home _____
Cell _____

Email Address _____

Please initial your preference regarding the following statement. This contact information may be shared with my fellow congregants – Yes _____ No _____

Thank you