

NAME(S)

EMAIL

TELEPHONE

Associate Dues

Single \$250

Couple \$500

If you are a full member of another synagogue, please let us know the name of the synagogue (and location, if not in Ottawa):

PAYMENT INFORMATION

Credit Card #:

Expiry Date:

CVV:

Please process my credit card on the following date (circle one): August 15 September 1

I acknowledge that by paying by credit card, I will be charged a 2.2% processing fee.

I have enclosed a cheque for the full amount of my Associate dues.

Please return this form by mail, email or in person by August 15, 2021.

Phone: (613) 728-3501
membership@kehillatbethisrael.com
www.kehillatbethisrael.com/payments

