



Congregation Shir Chadash of the Hudson Valley

MEMBERSHIP LEVELS PLEDGES: (Please check one)

BASIC: \$1,600 annually (\$133.33/mo)

CHAI PLUS: \$2,000 annually (\$166.67/mo)

DOUBLE CHAI: \$3,600 annually (\$300/mo)

TRIPLE CHAI: \$5,400 ANNUALLY (\$450/mo)

REDUCED LEVELS:

Family with limited means: \$864 annually (\$72/mo)

Single with limited means: \$500 annually (\$41.67/mo)

**2nd TEMPLE (Member of another Temple in addition to Shir-Chadash
or Part-Time Resident of Dutchess Co.: \$875 annually (\$72.92/mo)**

JOIN FOR A SONG: 1st Time members only for 2018-2019

\$432 annually (\$36/mo)

Students and Military are FREE

Our fiscal year runs from July 1st to June 30th. Pledge forms are due at the beginning of each fiscal year and the first payment should include an additional amount of \$27.50 as yearly membership dues in the Union for Reform Judaism.

We are aware that financial circumstances may change.

Please note that our doors are open to all, regardless of financial condition and that the amount of money you commit will remain confidential.

Conversely, this means that if you can afford more, please pledge more, your very own act of Tzedakah.

MEMBERSHIP OPTIONS: (Please circle one)

MONTHLY - AUTO-PAY - Each month on the 15th we deduct your monthly pledged amount, saving you time and postage. Please attach a voided check and sign the auto-pay authorizaton. Auto-pay will continue for those who are already signed on until you notify the Treasurer to opt out.

MONTHLY - BY CHECK - You can mail your check each month. The check should be made made out to Shir-Chadash and mailed to our treasurer:
Jim Thrasher at 31 Timberline Dr. Poughkeepsie, NY 12603

MONTHLY - VIA PAYPAL - where if you choose you may also use a credit card. You may choose also to be reminded of your monthly obligation by an E-MAIL BILL from our treasurer.

IF YOU REQUIRE ANY OTHER ARRANGEMENT, PLEASE SPEAK TO JIM

MEMBERSHIP RECORD

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Signature to authorize Auto-Pay _____
and please attach a voided check

In case of emergency the Congregation should notify:

Name: _____ Relationship: _____ Phone: _____

Please list your children :

Name _____ Hebrew Name _____ Birthday _____

Name _____ Hebrew Name _____ Birthday _____

Name _____ Hebrew Name _____ Birthday _____

MEMBERSHIP RECORD SUPPLEMENT

Yahrzeit List of Your Loved Ones:

Name	Relationship	Date of Death
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

PLEASE TELL US A LITTLE ABOUT YOURSELF:

Hobbies and special interests:

Would you like to be involved in our:

- YOUTH ACTIVITIES - EDUCATION - TEACHING**
- CHOIR**
- SOCIAL ACTION**
- ROSH CHODESH READING GROUP**
- FESTIVALS & CELEBRATIONS**
- OUTREACH**
- MITZVAH DAY**

or anything else that is of interest to YOU!

You are a vital part of our SHIR-CHADASH Family!

Become more active, become more involved!

We are always ready to hear your ideas and your concerns.

Please contact any of our Board Members to share your thoughts, better yet, you are always

WELCOME to come and sit in any of our Board meetings.