



MEMBERSHIP 2018/2019

Name _____ Synagogue _____

Position/Title _____

Synagogue Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Cell) _____

E-mail (Work) _____

PROFESSIONAL INFORMATION

RESPONSIBILITIES:

____ Development/ Fundraising Only ____ Development and Other Roles

Please explain: _____

BACKGROUND:

____ Number of years in current position

____ Number of years in other synagogue development position

____ Number of years in development

BACKGROUND:

____ NATA ____ AFP ____ NCPG ____ Other: _____

CONGREGATIONAL INFORMATION:

_____ No. of Member Families \$_____ Annual Budget URJ Member?

Yes No

ANNUAL ATID CONFERENCE JUNE 23 – 26 2019, Denver CO:

____ Yes, I plan to attend ____ Unsure at the moment ____ I will not be attending this year

ATID ANNUAL DUES STRUCTURE

____ Fewer than 500 member units - \$ 100

____ 1,000 -1,499 members - \$200

____ 500-999 members - \$150

____ 1,500 members and above - \$250

Please find my check enclosed, payable to ATID and including:

\$ _____ Annual ATID 2017-2018 Membership Dues

\$ _____ Annual Conference Registration -- \$300

\$ _____ **TOTAL Enclosed**

PLEASE RETURN THIS FORM AND PAYMENT TO:

Rachel Schachter (ATID VP of Finance)

Temple Israel, 2323 Fremont Avenue S. Minneapolis MN 55405.

Please make check payable to ATID