

NAME(S): \_\_\_\_\_

For Office Use Only: Tickets \_\_\_\_\_

Date \_\_\_\_\_

## MEMBERSHIP DUES AND TICKETS

PLEASE FILL IN YOUR CHOICES AND RETURN THIS FORM WITH YOUR PAYMENT  
BY AUGUST 20, 2009

PLEASE CIRCLE ONE SERVICE OPTION ONLY.

**EARLY**

**LATE**

Membership 7/1/09 - 6/30/10		Total	
Single-person Household		\$ 840.00	
Multi-person Household		\$ 1680.00	
<b>Seats</b>			
Members and Immediate Family	\$ 136.00	<b># seats</b>	
Member Guest	\$180.00		
Non- Member	\$ 250.00		
<b>Yizkor Listing</b>			
Suggested donation per listing	\$18.00	<b># listings</b>	
<b>TOTAL PAYMENT ENCLOSED</b>			

**YOU MAY PAY BY CHECK, CREDIT CARD, OR ON OUR WEBSITE:** [www.tbzbrookline.org](http://www.tbzbrookline.org)

Please make checks payable to TBZ, and mail to: 1566 Beacon Street Brookline, MA 02446.  
To pay by credit card (**MasterCard or Visa only**), complete the section below and mail this form to the synagogue office. You can also call the office, 617-566-8171 X14, with this information.

Cardholder's name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Amount: \_\_\_\_\_

I agree to have TBZ add 3% to the above amount to recover the fees for using a credit card \_\_\_ Yes \_\_\_ No