



Capitol Hill Minyan
1501 17th Avenue
Seattle, WA 98122
206.659.SHUL (7485)

RETURN THIS FORM BY MAIL OR EMAIL TO: capitolhillminyan@gmail.com
OR FILL OUT ON LINE AT: www.capitolhillminyan.org

MEMBERSHIP ENROLLMENT FORM
HEAD(S) OF HOUSEHOLD

DATE _____

NAME _____ BEN _____
LAST FIRST HEBREW NAME BAT

NAME _____ BEN _____
LAST FIRST HEBREW NAME BAT

ADDRESS _____
CITY STATE ZIP

TELEPHONE _____ MOBILE/OTHER _____

E-MAIL CONTACT[S] FOR CHM NOTICES _____

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION + NAMES OF CHILDREN OR OTHER MEMBERS OF HOUSEHOLD

MEMBERSHIP LEVEL

PLEASE INDICATE YOUR ANNUAL MEMBERSHIP CONTRIBUTION

- CHM Individual Supporter — \$500
- CHM Family Sponsor— \$1000
- CHM Patron — \$1800
- CHM Benefactor — \$2600
- OTHER* \$ _____
- Please contact me regarding level of support

*Your participation and support is welcome at whatever level you are able to contribute.
Alternate financial accommodations can be considered in confidence with our Finance representative.

NOTE REGARDING PRIOR CONTRIBUTIONS: CHM is pleased to acknowledge recent contributions made anytime since the start of the 2013 calendar year. Gifts comparable to any of the membership levels above year **can be considered a membership contribution.**

The following contribution is to be applied toward Annual Membership:

\$ _____ already contributed in month _____ 2013 or _____ 2014. PAYMENT METHOD _____

Next membership contribution for 2014 may be donated between High Holidays and the end of 2014.

Designated annual level of support is indicated above. ADDITIONAL CONTRIBUTION ENCLOSED \$ _____

NOTES _____

DUES PAYMENT METHOD FOR CURRENT YEAR MEMBERSHIP – INITIAL PAYMENT DUE AT TIME OF ENROLLMENT

Contribution enclosed with this form: ANNUAL PAYMENT IN FULL CHECK \$ _____ dated _____

INITIAL PAYMENT enclosed: CHECK \$ _____ dated _____ + equal payments: _____

Contribution made online by credit card at www.capitolhillminyan.org \$ _____ dated _____

Please contact me to make other arrangements

By submitting this form to CHM, I/we hereby request membership in the Captiol Hill Minyan and as a member will notify the Board of Directors should any of the above information or conditions of membership change.

Signature _____

Date _____

Signature _____

Date _____



ADDITIONAL INFORMATION

CHILDREN OR OTHER MEMBERS OF HOUSEHOLD (IF APPLICABLE)

NAME _____	_____	_____	BEN _____
LAST	FIRST	HEBREW NAME	BAT
NAME _____	_____	_____	BEN _____
LAST	FIRST	HEBREW NAME	BAT
NAME _____	_____	_____	BEN _____
LAST	FIRST	HEBREW NAME	BAT
NAME _____	_____	_____	BEN _____
LAST	FIRST	HEBREW NAME	BAT

PLEASE SHARE any Yartzzeit's, Bar/Bat Mitzvah Parsha, Birthdays, Anniversary dates or other information you would like CHM to know about.

Occasion _____ Date/Annual Occurrence _____

Occasion _____ Date/Annual Occurrence _____

Occasion _____ Date/Annual Occurrence _____

Occasion _____ Date/Annual Occurrence _____

Occasion _____ Date/Annual Occurrence _____

NOTES

BECOME A FOUNDING MEMBER –ENROLL AND MAKE YOUR CONTRIBUTION BEFORE APRIL 30, 2014!

THANK YOU FOR YOUR SUPPORT!

Rev 4-2014