

PSJC Membership and High Holiday Ticket Form
5772: July 1, 2011 - June 30, 2012

MEMBER AND PAYMENT INFORMATION

It is PSJC policy that the inability to pay posted dues does not preclude membership

If you cannot afford full dues, please contact the Treasurer, Peter Holmes, at treasurer@psjc.org or 212 365 6572 to make alternate arrangements in confidence.

MEMBER INFORMATION

Name 1: _____ Name 2: _____

Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

E-Mail 1: _____ Work/Cell Phone 1: _____

E-Mail 2: _____ Work/Cell Phone 2: _____

Payment by check or credit card agreement must accompany this form

Check the appropriate boxes for payment of membership dues and other charges below.

PAYMENT METHOD: CHECK

___ I/We wish to pay the complete balance of \$_____ at this time by check.

Kindly note that use of credit card costs the synagogue a percentage of the amount charged. Payment by check is greatly appreciated.

PAYMENT METHOD: CREDIT CARD (Please supply credit card info and signature in the box below.)

___ I/We wish to pay the complete balance of \$_____ at this time by credit card. (Subtract \$40 from appropriate membership dues payments if authorized by July 31, 2011)

___ I/We wish to pay in 6 monthly installments. (Billed mid-month July through December) — \$25
Installment fee waived if payments authorized by July 31, 2011 and completed by year-end 2011)

___ I/We wish to pay in 6 monthly installments and agree to pay an additional \$25 to cover cost of billing.
(Billed mid-month beginning in the month of renewal)

___ I/We wish to pay in 4 monthly installments and agree to pay an additional \$25 to cover cost of billing.
(Billed mid-month July, October, December, and February)

OTHER CHARGES BY CREDIT CARD

___ I/We authorize PSJC to charge my/our credit card to pay non-membership related charges such as Mishloach Manot, Adult Ed. Classes, or Getaway in full within 30 days. INITIALS: _____

Please notify the office of any changes to your selected payment method

IF YOU ARE AUTHORIZING CHARGES TO YOUR CREDIT CARD, WE NEED THE FOLLOWING INFORMATION

PLEASE PRINT CLEARLY

Type of Card: () MASTERCARD () VISA () AMEX

Name on Card (Print): _____ Expiration Date: _____

Account Number: _____

Signature: _____ Date: _____

Kindly fill out the Membership and Ticket information on front side of this form.

OTHER PAYMENT ARRANGEMENT

___ I/We will contact the Treasurer as to discuss alternate payment plans or my/our circumstances. High Holiday tickets will be sent to you after an arrangement is made with the Treasurer.