

Congregation for Humanistic Judaism

www.humanisticjews.org

2016-17 MEMBERSHIP FORM

Last Name(s) _____ First Name(s) _____

Address _____ *Phone () _____

City, State, Zip _____ *Email _____

___ Two-adult Household \$560

___ Single-adult Household \$375

DUES \$ _____

All dues are payable by High Holy Days

SUNDAY SCHOOL TUITION

First child @ \$725 (*Name & Birth Date) _____ \$ _____

2nd child @ \$500 (*Name & Birth Date) _____ \$ _____

Additional @ \$400 (*Name(s) & Birth Date) _____ \$ _____

_____ \$ _____

*May we list this information in the CHJ roster? ___ Yes ___ No

TUITION \$ _____

BAR/BAT MITZVAH PROGRAM FEE \$350 (due year of event) \$ _____

Please consider an additional tax-deductible contribution
to help support our programs....

GENERAL DONATION \$ _____

TOTAL \$ _____

Please make your check payable to CHJ and mail to:

Walt Frank (Treasurer), 31Wayfaring Rd, Norwalk, CT 06851

If installment or special payment consideration is needed, please contact Walt Frank @

rcfrank@juno.com or at 203-554-4608