



11827 Venice Boulevard, Mar Vista, CA 90066
 Tel: 310-915-5200 Fax: 310-571-2205
 OhrHaTorah.org office@ohrhatorah.org

MEMBERSHIP RENEWAL FORM- FAMILY

FINANCIAL WORKSHEET: JULY 1, 2010 - JUNE 30, 2011

We value your membership and thank you for deciding to become part of Ohr HaTorah once again.

Your membership entitles you to High Holy Days tickets, on the condition that your dues payments are current and there are no outstanding balances from the previous year. Tickets will be mailed to you after we receive your completed membership form, payment and the High Holy Days Ticket Request Form.

By your signature(s) below, you agree and understand that you are responsible for the agreed upon dues and tuition payments for the year of July 1, 2010 to June 30, 2011. You also understand that you must remain a member in good standing, having fulfilled all financial commitments to OHT, in order to receive services from OHT, including High Holy Day tickets.

Annual Minimum Tzedakah Commitment	One Payment Option	Semi-Annual Option
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<input type="checkbox"/> FAMILY (includes children up to age 22)	\$2,590 (prior to July 1)*	OR 2 payments of \$1,395 (one payment due w/application & one payment due Dec. 1**)
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* Tzedakah commitments are tax-deductible and non-refundable. Reduced membership dues are available to those in need. Please complete this form and a Special Membership Request Form (available on our website) and return to OHT. For more information, contact Cheryl at the OHT office, ext. 205.

** Please ensure second installment payment by providing a credit card number that will be charged on 12/1/10.

(Box 1)

<input type="checkbox"/> BUILDING FUND COMMITMENT (MANDATORY)	(Box 2) <input style="width:100px; height:20px;" type="text" value="\$500.00"/>
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Religious School Tuition - (if applicable)

<input type="checkbox"/> FROM RELIGIOUS SCHOOL FINANCIAL WORKSHEET	(Box 3) <input style="width:100px; height:20px;" type="text"/>
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SCRIP - Mandatory - see enclosed SCRIP information sheet

<input type="checkbox"/> FAMILY	\$100**	(Box 4) <input style="width:100px; height:20px;" type="text" value="\$100.00"/>
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** Your deposit is required in case you do not meet your minimum SCRIP purchase for the year. If you do not meet your minimum yearly SCRIP purchase, your deposit will be credited as a tax-deductible contribution.

Giving Opportunities

<input type="checkbox"/> Annual Giving Campaign (optional - For more information please visit www.ohrhatorah.org)	(Box 5) <input style="width:100px; height:20px;" type="text"/>
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<input type="checkbox"/> Building Improvements (naming opportunities available)	(Box 6) <input style="width:100px; height:20px;" type="text"/>
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Summary

<input type="checkbox"/> 2009/2010 OUTSTANDING BALANCE (must be paid in full to renew membership)	(Box 7) <input style="width:100px; height:20px;" type="text"/>
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<input type="checkbox"/> \$50 (processing fee must be paid in full for applications postmarked after July 1, 2010)	(Box 8) <input style="width:100px; height:20px;" type="text"/>
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<input type="checkbox"/> AIPAC Dues \$50.00 or \$100.00 (optional - For more information please visit www.aipac.org)	(Box 9) <input style="width:100px; height:20px;" type="text"/>
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<input type="checkbox"/> ARZA Dues \$36.00 , <input type="checkbox"/> MERCAZ Dues \$36.00 (Please indicate which one or both)	(Box 10) <input style="width:100px; height:20px;" type="text"/>
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(optional - For more information please visit www.arza.org, or www.mercazusa.org)

TOTAL DUE (Boxes 1 through 10)

I / We agree to pay the total amount due by the applicable due date(s).

Signature 1 _____

Signature 2 _____

Please select one of the following payment options:

I am paying in full by enclosed check or by credit card below. I authorize payment of my dues for 2010/2011 against the below referenced credit card.

I am selecting the 2 payment option. I am paying half now (check or credit card), and authorize the second half of my dues to be charged to my credit card below on December 1, 2010.

<input type="checkbox"/> Visa	<input type="checkbox"/> MC	Card Number _____	Expires ____ / ____
Billing Zip Code _____			
Authorization Signature _____		Date _____ (3% service charge applies)	