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# 5779 Membership Application 2018-2019

## FAMILY INFORMATION

<b>Adult #1</b>	First Name:			Last Name
Home Address:				
City:	State:	Zip:	Home Phone:	
Email Address:			Cell Phone:	
<b>Adult #2</b>	First Name:			Last Name
Email Address:			Cell Phone:	

## CHILDREN (continue on back, if needed)

Name:	Age:	Name:	Age:

## SEATS NEEDED

	Men	Women
Rosh Hashanah		
Yom Kippur		

## MEMBERSHIP INFORMATION

Membership	Rosh Hashanah/Yom Kippur Seats	Rate	Amount to Pay
Family Membership	2 Seats	\$1650 (first year of membership: \$950)	
Individual Membership	1 Seat	\$850 (first year of membership: \$500)	
Associate Membership	None	\$700 (first year of membership: \$400)	
First Year of Marriage	2 Seats	FREE	
Additional Seats	Each	\$180	
Eruv Dues (required by all members)	Make check out to LACE	\$54	
			Total Due

## PAYMENT INFORMATION

Payment Method (check one):	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card (M/C or Visa Only)
Name on Card:		
Credit Card Number:	Exp. Date:	
Monthly Charge: \$	In Full \$	
Card Verification Code (3-digit number located on back of card):		
Billing Address:		
Phone Number:	Signature	