



6948 SW Capitol Hwy, Portland OR 97219 503-248-4500 www.pnaiorpdx.org

Membership Form 2019-2020

MEMBER LAST NAME(S) _____

Please list each family member name (and include ages of children; add more lines if necessary)

Address: _____

Email: _____

Phones (circle preferred phone): Home _____ Cell _____

Other _____

Dues are **2% of your household Adjusted Gross Income (AGI)** from your most recent tax returns. Reduced dues are available for Associate Members (P'nai Or members who are also members of another congregation or who live outside the Portland Metro Area), for people aged 22-30, and for new ("trial") memberships.

NOTE: If 2% of your AGI is a hardship for you, please check here () and our treasurer will contact you to discuss an alternate payment.

(1) Baseline dues for 2019-2020 \$ _____

(2) ALEPH dues (we pay this amount directly
to ALEPH for each family) \$ 36

ADDITIONAL CONTRIBUTIONS:

(3) General Operating Fund \$ _____

(4) Rabbi Recruitment Fund \$ _____

TOTAL PLEDGE (add lines 1 through 4) \$ _____

PAYMENT PLAN (choose one)

() 1 annual payment of \$ _____ (line 5) (Please enclose check for full amount)

() 12 monthly payments of \$ _____ (divide line 5 by 12; complete auto withdrawal form if not on file)

Signed _____

Date _____

(auto withdrawal form on next page →)



Automatic Withdrawal Form
(this form is only needed for new accounts)

INFORMATION ABOUT YOU

Last Name _____ **First Name** _____ **M.I.** _____

Address _____ **Phone** (if we have questions) _____ - _____ - _____

City _____ **Zip** _____
State _____

Bank _____ **Branch** _____

City _____ **Zip** _____
State _____

Attach Voided Check Here

Amount of authorized monthly debit (withdrawal): \$ _____

Date of Withdrawal (circle one): 1st 15th

I (we) hereby authorize P'nai Or of Portland to initiate debit entries to my (our) account described on this form, at the Bank identified on this form, and to debit the same to such account. This authority will remain in effect until I notify P'nai Or of Portland in writing to cancel it, in such time as to allow the Bank a reasonable time to act on the termination.

I can stop payment of an entry by notifying my financial institution three (3) days before my account is charged. I may also change the amount of the debit or cancel it altogether by notifying P'nai Or of Portland in writing 30 days before that change is to occur.

Signature _____

Date _____

(co-owner) Signature _____

Date _____

