



**CHOCHMAT HALEV**

2215 Prince St., Berkeley, CA 94705  
510.704.9687 www.chochmat.org

### Membership Categories

**Single**

Minimum fee \$600 per year  
Includes 1 adult and 1 teen High Holy Day ticket

**Family**

Minimum fee \$960 per year  
Includes 2 adult and up to 2 teen HHD tickets

- For those able, please consider joining at a higher rate
- Membership fees are payable annually or on a monthly basis

The membership year runs from July 1 to June 30. I understand that by signing this agreement, I financially commit for the full membership year (until June 30). My membership will automatically renew each year on June 30 unless I notify Chochmat HaLev of my cancellation in writing. The cancellation terms will vary depending on whether I cancel before or after the High Holy Days.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### I'm coming home!

**Please enroll me/us for a**

- Single Membership (\$600/year; \$50/month)
- Family Membership (\$960/year; \$80/month)
- More (\$\_\_\_\_\_/year; \$\_\_\_\_\_/month)

**I will pay**

- On an annual basis
- On a monthly basis

My check for \$ \_\_\_\_\_ is enclosed.

or

Please charge my **Visa or MasterCard**.

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

or

Please directly deduct from my bank account.

**I have enclosed a check marked VOID.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Personal Information

Name of **Adult 1** (First, Middle, Last): \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Nickname: \_\_\_\_\_

Name of **Adult 2** (First, Middle, Last): \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Nickname: \_\_\_\_\_

Name of **Child 1** \_\_\_\_\_ Birthday \_\_\_\_\_

Name of **Child 2** \_\_\_\_\_ Birthday \_\_\_\_\_

Name of **Child 3** \_\_\_\_\_ Birthday \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax \_\_\_\_\_

**When I Call on the Light of My Soul  
I Come Home**