



Hebrew Tabernacle
CONGREGATION
AN INCLUSIVE REFORM COMMUNITY

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www.hebrewtabernacle.org

Paula Feldstein
Rabbi

July 2020

Kalix Jacobson
Student Cantor

Robert L. Lehman z"l
Rabbi Emeritus

Joan Serrano Laufer
President

Denny Kelk
Vice President

Michael Klein
Vice President

Jen Talansky
Vice President

Sara Silver
Treasurer

Desma Holcomb
Secretary

Diana Douglas
Sisterhood President

Richard Ehrenreich z"l
Men's Club President

Deb Canning
Hebrew School Parent Assoc.

Sheldon Koy
Administrative Director Educator

Thank you your interest in being part of our diverse Hebrew Tabernacle family—from young families with tots to elders. We hope you are eager to join with our new Rabbi Paula Feldstein to support Reform Jewish worship, ethics and learning, and the well being of our community, especially in these COVID19 times.

Won't you please make a membership commitment for the coming year? (And, if you can do more, could you please join at a Supporter or Donor level or make a one-time additional offering of \$36, \$54, \$180, \$360 or more?)

Our Board of Trustees has a Membership Dues structure based on two principles: We try to keep entry-level and basic membership affordable to current and potential members. Higher membership levels are available for those who can and wish to give more.

On the form (next page), please indicate what dues amount you will pledge and pay for the coming year, July 2020 through June 2021 and mail this form with your payment by check **or** email/mail the form and pay via Zelle using this email, htbookkeeper@nyc.rr.com, or by PayPal or credit card on www.hebrewtabernacle.org.

We can't wait to welcome you into the Hebrew Tabernacle family. Please do not hesitate to reach out to seek assistance, to make suggestions or to offer to volunteer. We look forward to gathering, sharing, learning, celebrating, and worshipping together in the year ahead.

Shalom,

Joan S. Laufer
President

Hebrew Tabernacle Tot Parent(s) Membership Form

For Parent(s) with child(ren) in Tot Shabbat
(but none in Hebrew School/Hebrew High), **please check one:**

Family Membership range for 2 Parent(s) with Tot Shabbat child(ren) (& none in Hebrew School):

Membership for 2 parents (2 votes and 2 High Holiday tickets worth \$500)

Tot Shabbat Membership \$ 400 _____
Supporter Tot Shabbat Membership \$ 500 _____
[First year 36% discount \$ _____]

Membership range for 1 Parent (1 vote & 1 Holiday ticket worth \$250)

Tot Shabbat Membership \$ 300 _____
Supporter Tot Shabbat Membership \$ 400 _____
[First year 36% discount \$ _____]

If you are willing and able to join at one of these higher levels, please do so:

Family 2-parent Membership range (2 votes & 2 adult High Holiday tickets)

Basic Membership \$2,000 _____
Supporter Membership \$2,500 _____
Donor Membership \$3,000 _____
[First year 36% discount \$ _____]

Family 1-Parent Membership range (1 vote & 1 adult High Holiday Ticket):

Basic Membership \$1,000 _____
Supporter Membership \$1,250 _____
Donor Membership \$1,500 _____
[First year 36% discount \$ _____]

(All memberships include High Holiday tickets for your children under 18, upon request.)

Please indicate below when you plan to pay **or** contact Secretary Desma Holcomb
desma.holcomb@gmail.com or Membership Co-Chair Rita Hamburg hamburg@nyp.org
or request a dues adjustment—due to COVID or another circumstance.

You can also request a different payment plan (such as monthly).

Please FILL in AMOUNT you are paying now and CHECK OFF your payment plan option:

____ I am paying in Full (\$ _____)

____ I am paying 1 /4 now (\$ _____) & Quarterly (via pre-filled checks, if possible)

____ I am contacting Secretary or Membership Committee

re: alternate payment schedule or dues adjustment

CONTINUED ON NEXT PAGE.....

Please fill in your contact information: *Indicate the Member/Voter(s) with a checkmark.*

_____ Name: _____ Email: _____
Voter?

Phone: Cell _____ Home: _____

_____ Name: _____ Email: _____
Voter?

Phone: Cell _____ Home: _____

Address: _____

Name(s) & Age(s) of Child(ren) (if relevant): _____

Please review the Membership Directory (attached) and let us know if you would like to add your family to this Directory. If you want to add your family to the Directory, circle or **bold** the contact information above that you want included.

Also, is there any information about professional services you offer or your business or other special interests/affiliations that you wish to have listed at the back of the Membership Directory?
