

SEAT REQUEST FORM

BENEFACTOR AND STANDARD DUES MEMBER (NO COST)

If you have a family membership, your annual dues include 2 seats. If you have a single membership, your annual dues include 1 seat. Please list each individual's full name. Online access is included; you must provide an email address.

Member #1

Member #2

Name _____

Name _____

Email _____

Email _____

ASSOCIATE DUES MEMBER, PERMANENTLY ADJUSTED DUES MEMBER or ADDITIONAL SEATS

To purchase seats, please list each individual's name. The cost of the seat is determined by the location (which you will fill out on the other side). Online access is also included; you must provide an email address. **If you want online access ONLY, the cost is \$300.**

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

Name _____

Email _____

NON-MEMBER

To purchase seats, please list each individual's name. The cost of the seat is determined by the location (which you will fill out on the other side) and will be 25% higher than the member price. Online access is also included; you must provide an email address.

Name _____

Email _____

Name _____

Email _____

Complete both sides and mail to:
Congregation Shearith Israel, 9401 Douglas Avenue, Dallas, TX 75225
or scan and email to jleventhal@shearith.org
If you have questions call Janice Leventhal at 214-939-7318.

**DEADLINE TO SUBMIT FORM IS
FRIDAY, AUGUST 25 AT 4 P.M.**

SEAT REQUEST AND QUANTITY

Seats will be issued to members who have paid at least a quarter of their fiscal 2023-2024 dues, and fulfilled their financial obligation for fiscal 2022-2023 by Friday, August 25. If you need help bringing your account current, please contact Cindy Embrey who can help you to make payment arrangements, if needed.

Please indicate your location choice:

<input type="checkbox"/>	AARON FAMILY MAIN SANCTUARY	Member at no cost (2 for family/1 for single)	_____ # of seats
		Additional member/Associate/Permanently Adjusted	_____ @ \$450 ea. = \$ _____ # of seats total
		Non-Member	_____ @ \$565 ea. = \$ _____ # of seats total

<input type="checkbox"/>	BECK FAMILY SANCTUARY	Member at no cost (2 for family/1 for single)	_____ # of seats
	or		
<input type="checkbox"/>	MAIN FOYER (check one)	Additional member/Associate/Permanently Adjusted	_____ @ \$400 ea. = \$ _____ # of seats total
		Non-Member	_____ @ \$500 ea. = \$ _____ # of seats total

<input type="checkbox"/>	KAPLAN AUDITORIUM	Member at no cost (2 for family/1 for single)	_____ # of seats
	or		
<input type="checkbox"/>	BEIT ARYEH (check one)	Additional member/Associate/Permanently Adjusted	_____ @ \$300 ea. = \$ _____ # of seats total
		Non-Member	_____ @ \$375 ea. = \$ _____ # of seats total

<input type="checkbox"/>	ONLINE ACCESS ONLY	Member at no cost (2 for family/1 for single)	_____ # of seats
		Additional member/Associate/Permanently Adjusted	_____ @ \$300 ea. = \$ _____ # of seats total
		Non-Member	_____ @ \$375 ea. = \$ _____ # of seats total

TEEN AND COLLEGE STUDENT SEATING

<input type="checkbox"/>	Kaplan Auditorium		_____ @ \$90 ea. = \$ _____ # of seats total
<input type="checkbox"/>	Beit Aryeh		_____ @ \$90 ea. = \$ _____ # of seats total

TZEDAKAH: I/we wish to donate to help provide seating for those unable to pay \$ _____
total

PAYMENT **TOTAL AMOUNT DUE \$ _____**

CHECK ENCLOSED: Check # _____ Check Amount _____

CREDIT CARD PAYMENT (Visa/MasterCard ONLY): Name _____ Zip _____

_____ - _____ - _____ - _____ Expiration Date ____/____/____ VIN _____

There will be an additional 3% processing fee added to all credit card charges.

The issuer of the card identified on this item is authorized to pay the amount shown as total upon proper presentation. I promise to pay such total (together with any charges due thereon) subject to and in accordance with the agreement governing the use of such card.

For payment questions contact Cindy Embrey at 214-939-7323 or cembrey@shearith.org