

# SERVICE ATTENDANCE 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 included; you must provide an email address. **If you want online access ONLY, the cost is \$275.**

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 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 Janice at [jleventhal@shearith.org](mailto:jleventhal@shearith.org)  
If you have questions call Janice at 214-939-7318

**DEADLINE TO SUBMIT FORM IS  
WEDNESDAY, SEPTEMBER 7 AT 5 P.M.**

# SERVICE LOCATION SELECTION AND QUANTITY

Seats will be issued to members who have paid at least a quarter of their fiscal 2022-2023 dues, and fulfilled their financial obligation for fiscal 2021-2022 by Wednesday, September 7. If you need help bringing your account current, please contact Kim West, Interim Controller, who can help you to make payment arrangements, if needed.

**Please indicate your location choice:**

**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

\_\_\_\_\_ @ \$563 ea. = \$ \_\_\_\_\_  
# of seats total

**BECK FAMILY SANCTUARY** or  **MAIN FOYER** (check one)

Member at no cost (2 for family/1 for single)

\_\_\_\_\_ # of seats

Additional member/Associate/Permanently Adjusted

\_\_\_\_\_ @ \$350 ea. = \$ \_\_\_\_\_  
# of seats total

Non-Member

\_\_\_\_\_ @ \$438 ea. = \$ \_\_\_\_\_  
# of seats total

**KAPLAN AUDITORIUM** or  **BEIT ARYEH** (check one)

Member at no cost (2 for family/1 for single)

\_\_\_\_\_ # of seats

Additional member/Associate/Permanently Adjusted

\_\_\_\_\_ @ \$275 ea. = \$ \_\_\_\_\_  
# of seats total

Non-Member

\_\_\_\_\_ @ \$344 ea. = \$ \_\_\_\_\_  
# of seats total

**ONLINE ACCESS ONLY**

Member at no cost (2 for family/1 for single)

\_\_\_\_\_ # of seats

Additional member/Associate/Permanently Adjusted

\_\_\_\_\_ @ \$275 ea. = \$ \_\_\_\_\_  
# of seats total

Non-Member

\_\_\_\_\_ @ \$344 ea. = \$ \_\_\_\_\_  
# of seats total

**TEEN AND COLLEGE STUDENT SEATING**

Kaplan Auditorium

\_\_\_\_\_ @ \$90 ea. = \$ \_\_\_\_\_  
# of seats total

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 at 214-939-7323 or cembrey@shearith.org**