**KEHILLAT BETH ISRAEL 1400 Coldrey Avenue**

**DUES 2021-2022 - Associate Ottawa, ON K1Z 7P9**

**NAME(S)**

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**EMAIL TELEPHONE**

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**Associate Dues**

**Single $250**

**Couple $500**

**If you are a full member of another synagogue, please let us know the name of the synagogue (and location, if not in Ottawa):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT INFORMATION**

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**Credit Card #: Expiry Date: CVV:**

**Please process my credit card on the following date (circle one): ⃝ August 15 ⃝ September 1**

**⃝ I acknowledge that by paying by credit card, I will be charged a 2.2% processing fee.**

**⃝ I have enclosed a cheque for the full amount of my Associate dues.**

Phone: (613) 728-3501

[membership@kehillatbethisrael.com](mailto:membership@kehillatbethisrael.com)

**Please return this form by mail, email or in person by August 15, 2021.** [www.kehillatbethisrael.com/payments](http://www.kehillatbethisrael.com/payments)

