

**KEHILLAT BETH ISRAEL**  
**DUES 2022-2023 - Associate**

**1400 Coldrey Avenue**  
**Ottawa, ON K1Z 7P9**

NAME(S)

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EMAIL

TELEPHONE

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**Associate Dues**

Single \$300

Couple \$600

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

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**PAYMENT INFORMATION**

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Credit Card #:

Expiry Date:

CVV:

If you wish to pay by etransfer, please send, in full the Associate dues amount to [rena@kehillatbethisrael.com](mailto:rena@kehillatbethisrael.com)

I will pay by etransfer.

Please process my credit card on the following date (circle one):  September 15  October 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.

Please return this form by mail,  
email or in person to ensure you are a member in good standing.

Phone: (613) 728-3501  
[membership@kehillatbethisrael.com](mailto:membership@kehillatbethisrael.com)  
[www.kehillatbethisrael.com/payments](http://www.kehillatbethisrael.com/payments)