

Congregation Etz Chaim Membership Dues Form

Mail a check to: Congregation Etz Chaim P.O.Box 1473 Biddeford, ME 04005
OR Pay electronically at www.etzchaimme.org

Name _____

Address _____

Email _____

Phone _____

Please record my membership dues at this level:

___ Level 1: \$ 250

___ Level 5: \$ 1,000

___ Level 2: \$ 350

___ Level 6: \$ 1,500

___ Level 3: \$ 500

___ Level 7: \$ 2,500

___ Level 4: \$ 750

___ * **Angel Donation: Additional donation of any amount to help cover membership fees for those who are not able to pay.***

Please check one:

I am making my total dues payment for the year **in one lump sum in the amount of** _____

I am making my total dues payment for the year **on an installment plan in the total amount of** * _____

*** If choosing an installment plan, please indicate amount you will pay monthly or quarterly**

I will pay a monthly installment of \$ _____

I will pay a quarterly installment of \$ _____