



BOSTON WORKMEN'S CIRCLE
 CENTER FOR
 JEWISH CULTURE
 & SOCIAL JUSTICE

**MEMBERSHIP
 RENEWAL**

Name _____
 Address _____
 City/State/Zip _____
 Phones _____
 Emails _____

Boston Workmen's Circle
 1762 Beacon Street
 Brookline, MA 02445-2124
 617-566-6281
 www.circleboston.org

SLIDING SCALE MEMBERSHIP FEE:

Please check appropriate box.

	INDIVIDUAL	FAMILY*
Limited Income	<input type="checkbox"/> \$80	<input type="checkbox"/> \$150
Standard Moderate	<input type="checkbox"/> \$140	<input type="checkbox"/> \$250
Standard Higher	<input type="checkbox"/> \$225	<input type="checkbox"/> \$375
Student, low income (under 30)	<input type="checkbox"/> \$36	

**Single parent families pay at individual dues level.*

TOTAL: _____

PAYMENT: Check enclosed or (circle one): **Visa MasterCard AmEx**

Name on card: _____

Card no: _____

Exp. date: _____ Zip code: _____

Signature: _____

*For information
 about your membership or
 Workmen's Circle programming,
 please contact the office
 at 617-566-6281 or
 info@circleboston.org*

Please make check payable to the Workmen's Circle. Return payment with this form to Boston Workmen's Circle.

ADDRESS/CONTACT CORRECTION OR UPDATE

Name _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

Make sure we have your email address for communications about upcoming events!

Please send me information about the following areas of interest:

- Adult Education
- Children's Educational Programming
- Committees and Volunteer Opportunities
- Cultural Arts Programming
- Holiday Celebrations
- Yiddish Programming
- Young Adult Programming
- Teen Programming
- Social Justice (specify issues) _____

Clip and save for your records.

**WORKMEN'S CIRCLE
 MEMBERSHIP**

DATE: _____

TOTAL: _____