



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

NEW MEMBERSHIP APPLICATION

PART I: MEMBER/CONTACT INFORMATION

Name _____	Occupation _____
Birthdate _____	Previous WC member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address _____	
City, State, Zip _____	Email _____
Home/Cell Phone _____	

<i>For a Family Membership, please list spouse/partner and children under 18 below:</i>	
Spouse/Partner Name _____	Occupation _____
Birthdate _____	Previous WC member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell/other Phone _____	Email _____
Child Name _____	Birthdate _____
Child Name _____	Birthdate _____
Child Name _____	Birthdate _____

PART II: DUES CALCULATION

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Dues (Based on Sliding Scale)</td> <td style="width: 15%;">Income Levels</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td></td> <td>Limited</td> <td>Moderate</td> <td>Higher</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td>\$80</td> <td>\$140</td> <td>\$225</td> </tr> <tr> <td><input type="checkbox"/> Family</td> <td>\$150</td> <td>\$250</td> <td>\$375</td> </tr> <tr> <td><input type="checkbox"/> Student, low income (Under 30)</td> <td></td> <td>\$36</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Payment \$ _____</td> <td></td> </tr> </table>	Dues (Based on Sliding Scale)	Income Levels				Limited	Moderate	Higher	<input type="checkbox"/> Individual	\$80	\$140	\$225	<input type="checkbox"/> Family	\$150	\$250	\$375	<input type="checkbox"/> Student, low income (Under 30)		\$36				Payment \$ _____		Method of payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card For credit card payment: Type of card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA Name on Card: _____ Card Number: _____ Expiration Date: _____
Dues (Based on Sliding Scale)	Income Levels																								
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		Payment \$ _____																							

Please enroll me/us in THE WORKMEN'S CIRCLE/ARBETER RING, dedicated to fostering Jewish identity and participation in Jewish life through Jewish, including Yiddish, culture and education, friendship, mutual aid and the pursuit of social and economic justice.

Signature _____ Date _____ Spouse/Partner Signature (for family membership) _____ Date _____

Send completed form and payment to: Boston Workmen's Circle, 1762 Beacon Street, Brookline, MA 02445