



Boston Workmen's Circle
MEMBERSHIP APPLICATION

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

<p>Office Use Only</p> <p>Date submitted: _____</p> <p>Branch #: _____ Certificate #: _____</p> <p style="padding-left: 150px;">Certificate #: _____</p> <p>Branch Secretary: _____ Branch #: _____</p> <p>Proposer: _____ Branch #: _____</p>	<p>BRANCH SEAL</p>
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PART I: MEMBER/CONTACT INFORMATION

Name _____ Occupation _____

Birthdate _____ Previous WC member? Yes No

Street Address _____

City, State, Zip _____ Email _____

Home/Work Phone _____

For a Family Membership, please list spouse/partner and children under 18 below:

Spouse/Partner Name _____ Occupation _____

Birthdate _____ Previous WC member? Yes No

Work 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: 25%;"></td> <td style="width: 25%; text-align: center;">Income Levels</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">Dues (Based on Sliding Scale)</td> <td style="text-align: center;">Limited</td> <td style="text-align: center;">Moderate</td> <td style="text-align: center;">Higher</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td style="text-align: center;">\$80</td> <td style="text-align: center;">\$140</td> <td style="text-align: center;">\$225</td> </tr> <tr> <td><input type="checkbox"/> Family</td> <td style="text-align: center;">\$150</td> <td style="text-align: center;">\$250</td> <td style="text-align: center;">\$375</td> </tr> <tr> <td><input type="checkbox"/> Student, low income (Under 30)</td> <td></td> <td style="text-align: center;">\$36</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Payment \$</td> <td style="text-align: center;">_____</td> </tr> </table>		Income Levels			Dues (Based on Sliding Scale)	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 \$	_____	<p>Method of payment: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card</p> <p>For credit card payment:</p> <p>Type of card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA</p> <p>Name on Card: _____</p> <p>Card Number: _____</p> <p>Expiration Date: _____</p>
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Please enroll me/us in THE WORKMEN'S CIRCLE/ARBETER RING, dedicated to fostering Jewish identity and participation in Jewish life through Jewish, especially Yiddish, culture and education, friendship, mutual aid and the pursuit of social and economic justice.

 Signature Date

 Spouse/Partner Signature (for family membership) Date