



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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address _____	
City, State, Zip _____	Email _____
Home/Work 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
Work Phone _____	Email _____
Child Name _____	Birthdate _____
Child Name _____	Birthdate _____
Child Name _____	Birthdate _____

PART II: DUES CALCULATION

<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 5px;">Dues (Based on Sliding Scale)</th> <th style="text-align: left; padding: 5px;">Income Levels</th> </tr> <tr> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Limited</td> <td style="width: 20%; text-align: center;">Moderate</td> <td style="width: 20%; 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"/> Young Adult (30 and under)</td> <td style="text-align: center;">\$25</td> <td></td> <td></td> </tr> </table> </td> <td style="padding: 5px;"> <p align="right">Payment \$ _____</p> </td> </tr> </table>	Dues (Based on Sliding Scale)	Income Levels	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Limited</td> <td style="width: 20%; text-align: center;">Moderate</td> <td style="width: 20%; 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"/> Young Adult (30 and under)</td> <td style="text-align: center;">\$25</td> <td></td> <td></td> </tr> </table>		Limited	Moderate	Higher	<input type="checkbox"/> Individual	\$80	\$140	\$225	<input type="checkbox"/> Family	\$150	\$250	\$375	<input type="checkbox"/> Young Adult (30 and under)	\$25			<p align="right">Payment \$ _____</p>	<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>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