

5786 MEMBERSHIP DUES & FEES (2025 - 2026)

Your Name

First Name:

Last Name:

- If you have questions about these forms, please consult [our FAQs](#) or contact Melissa Crabbe at [AdminAssistant@orhadash.com](mailto:AdminAssistant@orhadash.com) or 215.283.0276.

Your Membership Dues Category & Dues Amount				
Category		Definition / Notes	Annual Dues Amount	Please write in the Annual Amount Applicable to you
1 Adult			\$1740	
2 Adult			\$2840	
Family		At least one adult with any number of dependent children (up to age 26)	\$2840	
3rd + Adult		Additional adults can be added to a 2 adult family (for example, the parent of an adult or a 27 year old adult child.)	\$180	
Associate Member	1 Adult	Primary affiliation is to another synagogue.	\$360	
	2 Adults		\$540	
Online Member		1 adult who does not live in the 5 county Greater Philadelphia area or South New Jersey.	\$180	
SUBTOTAL A: Your Core Membership Dues Amount (Before Additional Fees and Deductions):				

Membership Discounts Applicable to You			
You may select each discount for which you qualify, although each member household may only apply a maximum of a <b>50%</b> discount.			
Discount Type	Definition / Notes	Percentage	Please write in the Discounts Applicable to You (Your Household)
New	First time paying dues to OH	50%	
Young Adult	Ages 22 - 30	15%	
SMILE School	ALL eligible children are enrolled in SMILE School	20%	
Disability or Health	If a member of your household has a disability or chronic health condition that causes extraordinary financial hardship for your household.	10%	

Senior	Over the age of 65 as of 7/1/24	6%	
Employees	SMILE School faculty and other part-time employees who average at least 10 hours per month (Sept - May).	50%	
SUBTOTAL B: Total Percentage Discount [may not exceed 50%]:			

SUBTOTAL C: Total Dollar Value of Discounts Applicable to You SUBTOTAL A x SUBTOTAL B	
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Additional Fees Associated with Your Membership				
Type of Fee	Notes	Who is Required to Pay This	Annual Amount	Please write in the Annual Amount Applicable to you
Security Fee	<ul style="list-style-type: none"><li>Tax deductible</li></ul>	All households	\$200	
Building Sustainability Fee	<ul style="list-style-type: none"><li>This annual fee for all members supplants all Building Fund Assessments.</li></ul>	All households	\$200	
SUBTOTAL D: Your Additional Membership Fees:				

Totalling Membership Dues - Membership Discounts + Membership Fees		
[SUBTOTAL A]	[SUBTOTAL C]	[SUBTOTAL D]
SUBTOTAL A: Your Core Membership Dues Amount		
-		
SUBTOTAL C: Dollar Value of Discounts Applicable to You		
+		
SUBTOTAL D: Your Additional Membership Fees		
=		
DUES TOTAL E: This is your expected Membership Dues Commitment for 5785 (2024-2025) prior to any financial accommodation you may request.		

Please Sign or Type Your Name:	Date: