



HEBREW EDUCATIONAL ALLIANCE

Phone 303/758-9400 • Fax 303/758-9500 • Preschool 303/758-1462
3600 South Ivanhoe Street, Denver CO 80237-1196
info@HEAdenver.org • www.HEAdenver.org

Dear Friends,

Thank you for expressing interest in membership at the Hebrew Educational Alliance. The HEA has long been one of the major Jewish institutions in Colorado. Established over 78 years ago as a modern Orthodox congregation in West Denver, we moved some 14 years ago to our present location. We are a vibrant and thriving Conservative congregation with a membership of approximately 950 families. We are one of the largest Conservative synagogues between the Mississippi and the West Coast, but still succeed in maintaining a warm and welcoming atmosphere. In fact, members will tell you that the synagogue is their second family.

We are extremely proud of our clergy. Rabbi Bruce Dollin and Cantor Martin Goldstein are considered to be among the top Jewish leaders in the Rocky Mountain region. We have recently welcomed Rabbi Salomon Gruenwald to be our Assistant Rabbi. We are fortunate to have a talented and dedicated staff of administrators, religious and preschool educators, youth leaders, volunteer board, and committee members. We offer our membership a multitude of services. These include daily *minyanim*, Shabbat and holiday services, education opportunities for all ages from preschool through seniors, youth programs in our unique Goldberger Youth Center, social activities, chavurot, and special events.

We welcome the active involvement and participation in the congregation by our entire membership. Feel free to contact me or our Executive Director, Neal Price if you need further information about the HEA. I hope to welcome you to the Alliance community and invite you to visit our congregation at any time, where it would be my pleasure to personally meet with you.

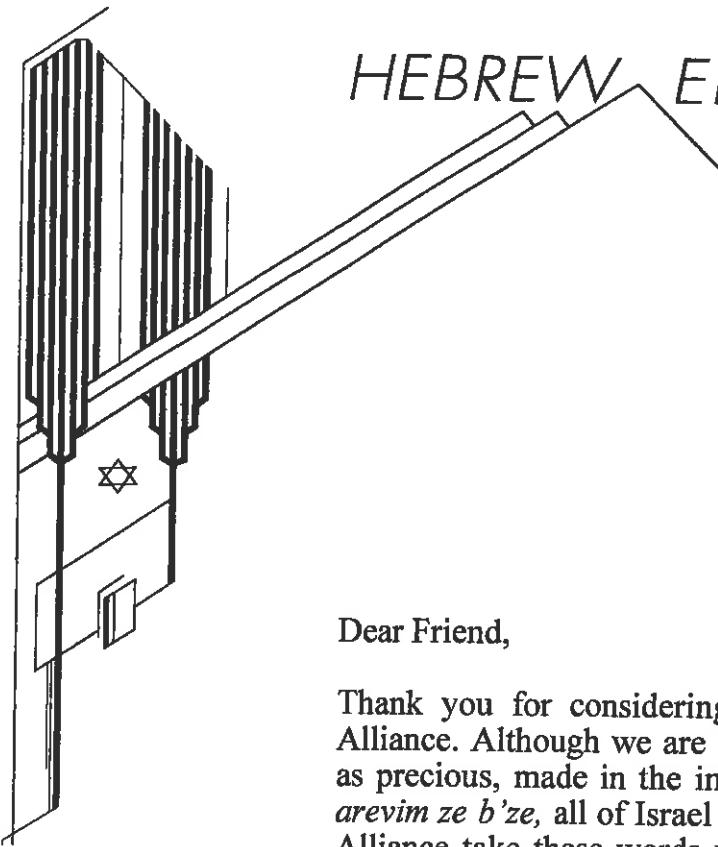
B'Shalom,

Rick Rubin

Rick J. Rubin
President

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Dear Friend,

Thank you for considering membership at the Hebrew Educational Alliance. Although we are a large congregation, we see every member as precious, made in the image of God. Our Sages tell us, *kol yisrael arevim ze b'ze*, all of Israel is responsible for one another and we at the Alliance take these words very seriously. Becoming a member of the Alliance places you within our extended family. Jews have depended on each other for millennia, and we continue that tradition in our synagogue community.

As a Conservative congregation, we uphold the importance of Jewish tradition and Jewish law. At the same time, our approach is to meet every congregant wherever he/she happens to be in his/her level of Jewish knowledge and experience. God makes no distinctions amongst Jews and neither do we. Our goal is to encourage your religious and spiritual growth. We seek to provide many and varied experiences for you and your family to learn and practice our profound and beautiful religious traditions. Our "ideal" Jew is a searching and learning Jew.

You are welcome here and we cherish your presence.

B'shalom,

Rabbi Bruce Dollin

Rabbi Bruce Dollin



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DIRECT DEBIT

We're pleased to offer you a new bill payment convenience — *Direct Debit*. Now, you can have your bill payment automatically debited from your checking or savings account. And, you don't have to change your present banking relationship to take advantage of this service.

Direct Debit will help you in many ways.

- ✓ Save time in writing checks.
- ✓ Saves money — no more postage, envelopes and trips to the post office.
- ✓ Eliminate the possibility of lost, stolen, or forged checks.
- ✓ Direct Debit ensures your payment is received on time.
- ✓ Direct Debit allows payments to be made when you're on vacation, sick, or away on business.

Here's how Direct Debit works:

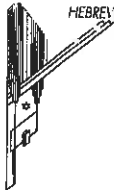
On the date determined by you and the company offering the service, your payment will automatically be debited from the account you have authorized. The amount debited will appear on your monthly bank statement.

We believe you'll like the added convenience of having your Payment automatically withdrawn for you. Direct Debit is safe, convenient, and easy. To take advantage of this service, please complete the attached authorization form and return it to the Congregation Hebrew Educational Alliance.

The authorization form below gives the company offering this service and your financial institution the authority to debit your account. Simply complete the form to take advantage of Direct Debit.

1. Mark the account-type box to indicate from where your direct debit should be taken. Your checking or savings account.
2. Fill in your name, name and location of your financial institution, and the date.
3. Attach a **voided check** for verification of all financial institution information. If you're unable to attach a voided check, please fill in your transit/routing number and account number.
4. Be sure to sign the form!

CUSTOMER'S AGREEMENT — Please fill out the Agreement on the reverse side and return to the HEA.



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INTERCEPT CORPORATION

1700 42nd Street SW, Suite 2000
Fargo, North Dakota 58103
800/378-3328 • 701/241-7832
Fax 701/241-9930

Automatic Debit and Credit Agreement for Electronic Funds Transfers

I hereby authorize on this _____ day of _____, _____, Congregation Hebrew Educational Alliance and their agent, Intercept Corporation, to initiate electronic withdrawals and/or deposits to the bank account shown below for an allotted amount. I understand that adjustment entries may be made to this account to insure an accurate and balanced accounting (debits and credits must balance) of all transactions. This authorization will remain in effect until;

- a) I notify my Bank and Congregation Hebrew Educational Alliance in writing to terminate this agreement and give the Bank and Congregation Hebrew Educational Alliance reasonable time to so terminate the agreement,
b) The Bank and/or Congregation Hebrew Educational Alliance have sent me five (5) business days advance written notice of the Bank's and/or Congregation Hebrew Educational Alliance's termination of this Agreement

I understand that any cancellation in writing will become effective no earlier than 5 business days after the day the last transaction has cleared and there are no outstanding balances to the account.

I UNDERSTAND THAT INTERCEPT CORPORATION PROVIDES ONLY ITS SERVICES TO PROCESSOR AND CONGREGATION HEBREW EDUCATIONAL ALLIANCE. ALL MONIES TO BE TRANSFERRED AS CREDITS MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARANTEED BY CONGREGATION HEBREW EDUCATIONAL ALLIANCE. IN THE EVENT CONGREGATION HEBREW EDUCATIONAL ALLIANCE'S FUNDING FOR A CREDIT IS RETURNED FOR ANY REASON AND INTERCEPT HAS CREDITED MONIES TO MY ACCOUNT, I AUTHORIZE INTERCEPT CORPORATION TO DEBIT MY ACCOUNT FOR THE AMOUNT OF THE MONIES CREDITED.

Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by the financial institution described here within of the undersigned's liability for an unauthorized electronic fund transfer, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment or pre-authorized electronic fund transfers, procedure to initiate such stop payment order, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, et al., and as against Intercept Corporation, waives all rights thereunder.

Limitation of Action: The undersigned will have 60 days from the transaction date to notify Congregation Hebrew Educational Alliance, in writing, of any discrepancies, errors or problems with a transaction processed. This will include but not be limited to, errors in amounts, erroneous transactions, or other transactions processed. You can contact Congregation Hebrew Educational Alliance, but by doing so will not preserve your rights. In a letter, provide the following information;

- a) Congregation Hebrew Educational Alliance transaction was processed under with their Fed Tax ID Number.
b) The name, account number and ABA number on the transaction in question.
c) The dollar amount of the transaction in question.
d) Describe the error and explain why you believe this is an error. If you need more information, describe the item you are unsure of.

Congregation Hebrew Educational Alliance will tell you the results of their investigation within 30 days and will correct any error promptly. If they need more time, they may take up to 45 days to investigate your complaint. For transfers initiated outside the United States or transfers resulting from point of sale or debit/access cards, the time periods for resolving errors will be 45 days and 90 days respectively.

Financial Institution _____ Branch _____
City _____ Phone Number _____
Please Print Your Name _____ Date _____
Routing (ABA) Number []
Account Number at Financial Institution []
Account Type: Checking [] Savings []
Authorized Signature _____ Social Security Number _____

Attached to this authorization is a voided personal check for verification of all checking account information.

The Hebrew Educational Alliance operates on a May 1–April 30 fiscal year. Dues, for those joining after the beginning of the fiscal year, will be prorated. **For purposes of dues billing, all memberships run from May 1–April 30. Those joining during other months will have their dues prorated. All members are then billed for a new year on May 1.** If you have financial concerns or questions, please contact our Executive Director, Neal Price at 303/758-9400 x204, nprice@headenver.org. Please submit this form and your check to the HEA. We welcome your membership in the Congregation Hebrew Educational Alliance.

SELECT ONE	<input type="radio"/> Rabbi's Circle	<input type="radio"/> Patron	<input type="radio"/> Chai	<input type="radio"/> Membership Plus	<input type="radio"/> Couple or Family	<input type="radio"/> Single	<input type="radio"/> Young Family (30 & Under)	<input type="radio"/> Young Single (30 & Under)	<input type="radio"/> Associate* (See Note)
YEARLY	\$11,950	\$6,750	\$4,850	\$3,550	\$2,135	\$1070	\$1,430	\$720	\$720

***Associate Membership** is open to members of other Denver synagogues and those not living in the Denver metropolitan area. This type of membership does **NOT** include High Holiday tickets, and children of Associate Members are **NOT** entitled to enroll in the Religious School or receive a *bar/bat mitzvah* date.


Three Ways to Receive a Dues Rebate: Due to the high cost of processing credit cards, the Finance Committee will provide a \$50 dues rebate for all two-adult memberships and a \$25 for all single-adult and all associate memberships. To receive your rebate, simply pay your dues by **1)** check, **2)** cash, or **3)** EBT (Electronic Bank Transfer.) For EBT, fill out and return the enclosed form. For credit card use, complete the information in the box below.

Payment Frequency
 Dues are billed and may be paid on annual, semi-annual, quarterly, or monthly basis. My/our membership will be paid (select one)
 Annually Semi-annually Quarterly Monthly

The congregation requests that a first payment based on this schedule accompany this form. **Amount enclosed \$** _____

Payment Method
 I wish to pay by (check one) check cash electronically Credit Card

Please bill my Visa MasterCard Discover



Number _____ Expiration Date _____
 Name on Card _____ Security Code _____

Maintenance Reserve Fund
 From 1994 through 2008, as part of their financial obligation to the congregation, members of the HEA were asked to contribute to the Capital Campaign that financed the construction of the synagogue, and later, the Goldberger Youth Center (GYC.) In 2006 the mortgage on the synagogue was retired, and by late 2010, the GYC will be paid in full. In 2009, the Building Committee prepared a study showing that over the next decade \$700,000 will need to be raised to repair and maintain the major components of our buildings. Following your first year of membership, you will be contacted to participate in a three-year pledge to the Maintenance Reserve Fund. If you have any questions, please contact Neal S. Price, Executive Director, at 303/758-9400 x 204 or nprice@HEA.denver.org. Thank you for your support.

CHILDREN THROUGH COLLEGE

1 Male Female

English Name _____
Hebrew Name _____
Date of Birth _____ Place of Birth _____
Jewish by Birth Yes No
If "No" Date of Conversion _____ Rabbi _____
Place of Conversion _____

2 Male Female

English Name _____
Hebrew Name _____
Date of Birth _____ Place of Birth _____
Jewish by Birth Yes No
If "No" Date of Conversion _____ Rabbi _____
Place of Conversion _____

3 Male Female

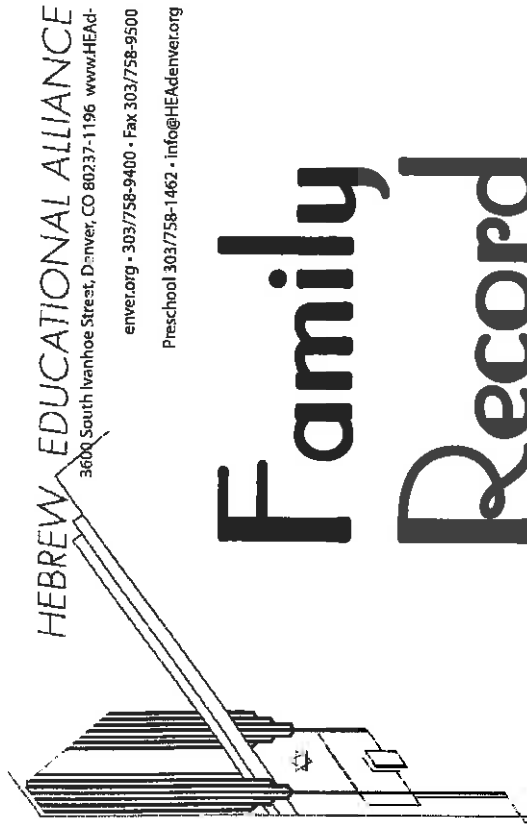
English Name _____
Hebrew Name _____
Date of Birth _____ Place of Birth _____
Jewish by Birth Yes No
If "No" Date of Conversion _____ Rabbi _____
Place of Conversion _____

4 Male Female

English Name _____
Hebrew Name _____
Date of Birth _____ Place of Birth _____
Jewish by Birth Yes No
If "No" Date of Conversion _____ Rabbi _____
Place of Conversion _____

5 Male Female

English Name _____
Hebrew Name _____
Date of Birth _____ Place of Birth _____
Jewish by Birth Yes No
If "No" Date of Conversion _____ Rabbi _____
Place of Conversion _____



Family Record

Name _____
First _____ Last _____
Address _____
City _____ State _____ Zip _____
Phone _____ Date Joined HEA _____

Please attach a photo of yourself or family.

Previous Congregation _____ City _____ State _____

ADULT 1 Male Female (Please Print)

English Name _____

Hebrew Name _____

BIRTH
Date of Birth _____ Place of Birth _____

Check One Kohain Levi Israelite

Jewish by Birth Yes No

If "No" Date of Conversion _____ Rabbi _____

Place of Conversion _____

MARRIAGE STATUS

Single Widowed Divorced Married — date _____

FATHER

Father's English Name _____

Father's Hebrew Name _____

MOTHER

Mother's English Name _____

Mother's Hebrew Name _____

YAHRTZEIT (Please complete this information if you want to be notified.)

1 Relationship to Adult 1 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

2 Relationship to Adult 1 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

3 Relationship to Adult 1 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

4 Relationship to Adult 1 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

ADULT 2 Male Female (Please Print)

English Name _____

Hebrew Name _____

BIRTH
Date of Birth _____ Place of Birth _____

Check One Kohain Levi Israelite

Jewish by Birth Yes No

If "No" Date of Conversion _____ Rabbi _____

Place of Conversion _____

MARRIAGE STATUS

Single Widowed Divorced Married — date _____

FATHER

Father's English Name _____

Father's Hebrew Name _____

MOTHER

Mother's English Name _____

Mother's Hebrew Name _____

YAHRTZEIT (Please complete this information if you want to be notified.)

1 Relationship to Adult 2 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

2 Relationship to Adult 2 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

3 Relationship to Adult 2 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____

4 Relationship to Adult 2 _____

English Date of Death (month/day/year) _____

-or- Hebrew Date of Death (month/day/year) _____

Did the death occur after sunset? Yes No

Place Buried _____



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HEBREW EDUCATIONAL ALLIANCE CREDIT CARD AUTHORIZATION FORM

I, _____, HEREBY AUTHORIZE ON THIS
_____ DAY OF _____, 20____ the Hebrew Educational Alliance to
charge my credit card for the following charges:

- DUES AND RELIGIOUS SCHOOL FEES, IF APPLICABLE
- BUILDING PLEDGE

YOUR CREDIT CARD WILL BE CHARGED YEARLY, SEMI-ANNUAL, QUARTERLY OR
MONTHLY BASED ON YOUR BILLING CYCLE.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL YOU NOTIFY US IN
WRITING TO TERMINATE THIS AGREEMENT.

VISA, MASTERCARD OR DISCOVER ONLY

ACCOUNT # _____

EXPIRATION DATE: ____/____

3 DIGIT CODE ON BACK OF CARD _____

NAME AS PRINTED ON CARD:

ADDRESS TO WHERE CARD IS BILLED:

CARDHOLDER SIGNATURE: _____