

## 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	\$360	
	2 Adults	\$540	
Online Member	1 adult who does not live in the 5 county Greater Philadelphia area or South New Jersey.	\$180	
<b>SUBTOTAL A: Your Core Membership Dues Amount</b> <i>(Before Additional Fees and Deductions):</i>			

### 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 **50%** 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%	

