



Membership Application

Date: _____

Mailing Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Check here to receive calls about upcoming events and shiva information.

General Information:

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth: _____

Aliyah Status: Kohen Levi Yisrael Single Married Divorced Widow(er)

Occupation: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Check here to receive e-mails about upcoming classes, events and shiva details.

Other Synagogue Affiliation _____

Spouse Information:

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth: _____

Occupation: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Wedding Anniversary (English date): _____

Check here to receive e-mails about upcoming classes, events and shiva details.



Children Information:

<u>English Name</u>	<u>Hebrew Name</u>	<u>Date of Birth</u>	<u>School/Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the following that you would like to be involved in:

Kiddush/Hospitality Committee Social Committee Office Help
 Youth Programming Chanukah Dinner Chesed Committee
 Purim Seudah Fundraising Other Programming

Office Use Only: Check# _____ Date: _____ Amount: \$ _____ Account# _____

Membership Approved: _____ Date: _____ Approved by: _____

Quickbooks _____ Rakafet _____ One Call _____ Constant Contact _____



Yahrzeit Information:

Your Relatives:

Full English Name: _____

Full Hebrew Name: _____

Full Father's Hebrew Name: _____

Relationship: _____

Hebrew Date of Passing: _____

English Date of Passing: _____

_____ Before Sunset _____ After Sunset
_____ Check here if you would like to purchase a memorial plaque in memory of a loved one.

Full English Name: _____

Full Hebrew Name: _____

Full Father's Hebrew Name: _____

Relationship: _____

Hebrew Date of Passing: _____

English Date of Passing: _____

_____ Before Sunset _____ After Sunset
_____ Check here if you would like to purchase a memorial plaque in memory of a loved one.

Spouse's Relatives:

Full English Name: _____

Full Hebrew Name: _____

Full Father's Hebrew Name: _____

Relationship: _____

Hebrew Date of Passing: _____

English Date of Passing: _____

_____ Before Sunset _____ After Sunset
_____ Check here if you would like to purchase a memorial plaque in memory of a loved one.

Full English Name: _____

Full Hebrew Name: _____

Full Father's Hebrew Name: _____

Relationship: _____

Hebrew Date of Passing: _____

English Date of Passing: _____

_____ Before Sunset _____ After Sunset
_____ Check here if you would like to purchase a memorial plaque in memory of a loved one.



WOULD YOU LIKE TO RECEIVE YAHRZEIT NOTICES FOR YOUR DECEASED LOVED ONES:

English Name: _____
 Relation to you: _____
 Hebrew Name: _____ Bat/Ben
 Father's Hebrew Name: _____
 Date of Death: English _____ Hebrew _____
 Cemetery: _____ City: _____ State: _____
 Former Member: ___ Yes ___ No (Date) _____ Memorial Plaque Located at: _____

English Name: _____
 Relation to you: _____
 Hebrew Name: _____ Bat/Ben
 Father's Hebrew Name: _____
 Date of Death: English _____ Hebrew _____
 Cemetery: _____ City: _____ State: _____
 Former Member: ___ Yes ___ No (Date) _____ Memorial Plaque Located at: _____

MEMBERSHIP FEES:

Special Membership for Young Professionals—1st year only

- ___ Singles: 36 and under \$50 for the year.
- ___ Families: Parent(s) 36 and under \$100 for the year.
- ___ Families - \$900.00
- ___ Young Professionals (up to age 40) \$425/Family and \$200/Single
- ___ Senior Membership - \$700.00 (age 70 and over)
- ___ *Associate Membership - \$450.00
 - * Must be a Full Member of Another Synagogue With a Letter in Good Standing
 - * An Associate Member may NOT serve on the Executive Board and/or be a Trustee and does NOT qualify for a free cemetery plot.
- ___ Single Man/Woman - \$450.00
- ___ Single Senior - \$350.00
- ___ Full Time College Students - No Charge
- ___ Nursing Home/Assisted Living - If previous member in good standing, No Charge.
- ___ Newlyweds – No Charge for Membership for one year (Shana Rishona)

Note: New full members must be members in good standing for 2 years before receiving rights for cemetery plots.

HIGH HOLY DAY SEAT :

- ___ With Membership \$75.00 ___ Quantity
- ___ Elementary and High School Students \$25.00 ___ Quantity
- ___ Non Member High Holiday Seat Adult \$150.00 ___ Quantity
- ___ Non Member Elementary and High School Students \$50 ___ Quantity

Note: A minimum of 25% of current dues paid and all prior dues obligations paid in order to receive high holiday seats.