



Membership Application 2018-19

Date: _____

Mailing Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

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: _____

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, programming 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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Kiddush/Hospitality Committee | <input type="checkbox"/> Social Committee | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Youth Programming | <input type="checkbox"/> Chanukah Dinner | <input type="checkbox"/> Chesed Committee |
| <input type="checkbox"/> Purim Seudah | <input type="checkbox"/> Fundraising | <input type="checkbox"/> 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 - \$950.00

___ Single Man/Woman - \$475.00

___ *Associate Membership - \$475.00

* 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.

___ Young Professionals (up to age 40) \$475/Family and \$225/Single

___ Full Time College Students - No Charge

___ Nursing Home- 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.