



## Membership Application 2019-20

Date: \_\_\_\_\_

### **General Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

### **Member 1:**

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 \_\_\_\_\_

### **Member 2:**

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): \_\_\_\_\_



**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

Check here to receive e-mails about upcoming classes and programming.

Check here to receive weekly Shabbat phone messages.



## Yahrzeit Information:

### **Member 1:**

Relationship to you: \_\_\_\_\_ Full English Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Father's/mother's Hebrew Name: \_\_\_\_\_

Hebrew Date of death: \_\_\_\_\_ English Date of death: \_\_\_\_\_

\_\_\_ Before Sunset \_\_\_ After Sunset

Relationship to you: \_\_\_\_\_ Full English Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Father's/mother's Hebrew Name: \_\_\_\_\_

Hebrew Date of death: \_\_\_\_\_ English Date of death: \_\_\_\_\_

\_\_\_ Before Sunset \_\_\_ After Sunset

### **Member 2:**

Relationship to you: \_\_\_\_\_ Full English Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Father's/mother's Hebrew Name: \_\_\_\_\_

Hebrew Date of death: \_\_\_\_\_ English Date of death: \_\_\_\_\_

\_\_\_ Before Sunset \_\_\_ After Sunset

Relationship to you: \_\_\_\_\_ Full English Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Father's/mother's Hebrew Name: \_\_\_\_\_

Hebrew Date of death: \_\_\_\_\_ English Date of death: \_\_\_\_\_

\_\_\_ Before Sunset \_\_\_ After Sunset

\_\_\_ Check here if you would like more information about purchasing a memorial plaque in memory of a loved one.



**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 HOLIDAY SEAT :**

\_\_\_ With Membership \$100.00 \_\_\_ Quantity

\_\_\_ Elementary and High School Students \$25.00 \_\_\_ Quantity

\_\_\_ Non Member High Holiday Seat Adult \$200.00 \_\_\_ 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.

Please mail with payment to Oheb Zedek-Cedar Sinai Synagogue, 23749 Cedar Road, Lyndhurst, OH 44122  
Phone 216-382-6566 Fax: 216-382-4237 Email: office@oz-cedarsinai.org Website www.oz-cedarsinai.org.

**Office Use Only:** Check# \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Account# \_\_\_\_\_

Membership Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

Quickbooks \_\_\_ Rakafet \_\_\_ One Call \_\_\_ Constant Contact \_\_\_