



Membership Category Selection Form

Please indicate your selection for the membership category listed below which you feel is appropriate for you, sign the form and return it to the synagogue.

(Please Print)

NAME _____

ADDRESS _____

PHONE #s: _____

Fax _____

Business: _____

Email: _____

MEMBERSHIP CATEGORIES

Full Membership

\$1900/per family. \$900 for singles. Includes High Holiday seats.

Associate Membership

\$900. The purpose of Associate Membership is to encourage involvement in the synagogue by those who either *do not live in the community* or live in the community, but *choose to be active in a number of synagogues in addition to their designation of another synagogue as their "primary" house of worship.*

DUES PAYMENT SCHEDULE

All dues are payable annually on July 1. Financial hardship or extraordinary circumstances which may require a different payment schedule should be presented to the synagogue treasurer.

APPLICATION

| | Adult Male | Adult Female |
|---|------------|--------------|
| First and Middle Name | | |
| Last Name | | |
| Hebrew Name (include both parents as well) | | |
| Date of Birth | | |
| Wedding Anniversary | | |
| Address | | |
| Home Phone | | |
| Business Phone | | |
| Fax | | |
| Email Address | | |
| Do you own a cemetery plot? | | |
| Have you made a pledge to the Building Fund? | | |
| Are you a member of another synagogue? | | |
| Does your place of business match charitable contributions? | | |

Please fill in the following information as it applies to each of your children under age 25. (If you have more than 5 children, please use a separate piece of paper.)

| | | | | | |
|------------------------|---|---|---|---|---|
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First Name | | | | | |
| Last Name | | | | | |
| Phone | | | | | |
| Birthdate | | | | | |
| Address (if different) | | | | | |
| Marital Status | | | | | |
| Spouse's Name | | | | | |
| Hebrew Name | | | | | |
| School | | | | | |
| Grade | | | | | |

Yahrzeit Data

| | | | | |
|--|--|--|--|--|
| Deceased First Name | | | | |
| Last Name | | | | |
| Male/Female | | | | |
| Hebrew Date | | | | |
| English Date | | | | |
| Relationship to you | | | | |
| Would you be interested in buying a yahrzeit plaque? | | | | |