



# UNITED SYNAGOGUE OF HOBOKEN

**Membership Application for the year  
July 1, 2020 to June 30, 2021**

## **WELCOME!**

### **Who We Are**

We are an informal and welcoming community committed to renewing vibrant, inclusive, and egalitarian Jewish life in the riverfront towns of Hudson County. We at USH are a vibrant mix of young singles, older singles, couples, families, empty nesters and seniors. Some of us recently arrived in Hudson County. Others have been here for years. Together, we share in our commitment to celebrating Jewish life. We're a place to grow, to form connections with people, and to move through life, with all its ups and downs, among an extended family.

We operate as a member cooperative, sharing our creative ideas and donating our time and energy.

### **Requirements and Responsibilities of Membership**

The cooperative nature of the community means that synagogue operations and programs depend on member volunteers.

This approach strengthens communal bonds, enables us to provide a vigorous range of programs, and helps to keep requested membership commitments at a moderate level.

### **Benefits of Membership**

The most important membership benefit is being part of a genuine community where our presence makes a difference and where, as each of us discovers or rediscovers Judaism, synagogue life becomes richer and more vital.

Members also receive admission to High Holy Days services, discounts at various programs, discounted use of the social hall, preschool admission preference, Learning Center admission eligibility, our monthly newsletter, *The Shofar*, cemetery rights, and a voice in synagogue issues.

Family members who are not Jewish are warmly invited and encouraged to participate in the life of the community, including attending all synagogue events and services and serving on committees.

# General Information

Please provide the requested information for each adult individual in the household.

**NOTE:** Current members do not need to fill this out in entirety. Please only give your names and any changes since last year.

Individual A

Individual B

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Anniversary Date \_\_\_\_\_

Occupation \_\_\_\_\_

Jewish (Yes / No) \_\_\_\_\_

If Jew by choice, name of rabbi who officiated at conversion and date \_\_\_\_\_

(Please write clearly in English or Hebrew)

Hebrew name \_\_\_\_\_

Mother's Hebrew name \_\_\_\_\_

Father's Hebrew name \_\_\_\_\_

Kohen / Levi / Yisrael \_\_\_\_\_

I can read Torah (Yes/No/Want to learn) \_\_\_\_\_

I can read haftarah (Yes/No/Want to learn) \_\_\_\_\_

I can lead services (Yes/No/Want to learn) \_\_\_\_\_

You may call me to help make a minyan (prayer quorum) in someone's homewhen they are sitting shiva (Yes/No) \_\_\_\_\_

Please provide the requested information for your children. Add additional page if necessary.

Name	Hebrew Name	Date of Birth (mm/dd/yy)
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1	_____	_____
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2	_____	_____
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3	_____	_____
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4	_____	_____
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So that we may remind congregants of the Yahrtsaits (anniversaries of the death) of your loved ones, please indicate the names of those whose memory you wish to recall.

English Name	Hebrew Name	Relationship	Date of Death (mm/dd/yy)
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1	_____	_____	_____
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2	_____	_____	_____
---	-------	-------	-------

2	_____	_____	_____
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**Individual A** \_\_\_\_\_

phone / email: \_\_\_\_\_

**Individual B** \_\_\_\_\_

phone / email: \_\_\_\_\_

## The USH Service Requirement

We are a cooperative community where members are expected to help with synagogue programs and operations. This service requirement can be satisfied in three ways: by volunteering for USH activities at least twice during the year; by chairing a committee; or by serving on the board. If you choose not to participate in the co-op/volunteer

nature of the synagogue, you can buy out of the service requirement. USH reserves the right to assess the buy-out fee when the service requirement is not satisfied by the end of the membership year. We welcome your involvement in community life. Please indicate the areas in which you want to become involved.

### **A B** Synagogue Leadership

**Board Membership**  
Help set synagogue policies and address our operational issues

**Committee Chair**  
Organize and lead an aspect of synagogue life

### Activities and Programs

**Events**  
Staff events such as lectures, concerts, films, fundraisers, barbecue, Hoboken Art & Music Festival, providing shopping, set-up, and clean-up help

**Staff Holiday Programs and Dinners**  
Staff holiday and Shabbat programs and dinners, providing shopping, set-up, and clean-up help; erect and take down the sukkah; deliver mishloach manot on Purim

**High Holy Days**  
Work with a group of people on the tasks required for synagogue services and hospitality during the High Holy Days, including: organizing hand-out materials, shopping, set-up, clean-up, ushering, and security

**United Jewish Appeal**  
Help organize the annual appeal, including phone calls

**Other** \_\_\_\_\_

### Ongoing Committees

**Administration**  
Help with the efficient running of synagogue operations

**Ritual**  
Facilitate services and other religious observances

### **A B**

**Programming**  
Plan and produce speaker series, films, Shabbat programs, and other special events

**Tikkun Olam/Community Service**  
Develop programs that serve Hoboken and Hudson County and respond to the needs of the Jewish people and other communities worldwide

**Membership**  
Plan and participate in programs to reach new members and to serve current members

**Building**  
Help with the repair and maintenance of the Star of Israel and Kaplan buildings

**Media/Communications**  
Develop the USH website, and create advertising, marketing, and publicity to promote programs, and raise our profile

**Newsletter**  
Write, edit, proofread, and sell ads for The Shofar

**Finance**  
Advise about investment and other financial matters

**Fundraising/Operational**  
Produce programs to raise money for emergency repairs and other operating needs of the synagogue

**Grant Writing**  
Identify foundations, write proposals, and conduct follow-up to obtain funds for the synagogue and schools

**Co-Op Volunteer**  
Contact volunteers, maintain the records, organize and participate in the phone tree

**Israel**  
Strengthen our community's connection to Israel

## Synagogue Activities and Programs

Please check off the areas that interest you.

Kaplan Preschool

Choir

Jewish Young Adults - JYAH

USH Book Club

Kaplan Learning Center

Adult Study

Hazak (adults aged 55 and over)

Athletic activities

Programs for infants and toddlers

Community Service

Programs for Seniors

Other

Moadon Yisre'eli - Israeli group

Social Action

Cub Scouts

\_\_\_\_\_

**Membership Commitment Worksheet: USH Membership Year July 2019 - June 2020**

Please select all that apply. (Children under the age of 21 are included at no charge.)

	Payment by Cash, Check, or eCheck	Security Fee \$100 / adult	X Number of Adults	TOTAL
<b>Benefactor</b>	\$4,000	n/a	n/a	
<b>Household (2 adults plus children)</b>	\$1,800	\$200	n/a	
<b>Individual (1 adult plus children)</b>	\$900	\$100	n/a	
<b>Senior</b>	\$400	\$100		
<b>Full-time Student / Recent Graduate</b>	\$200	n/a		
<b>Alumni</b>	\$50	n/a		
<b>Buy-out**</b>	\$400			
<b>Yom Kippur Appeal donation</b> (donate now and add to your total payment) <b>In Memory / In Honor of :</b>				
<b>Total:</b>				
<input type="checkbox"/> I have a personal or financial hardship and have reduced the membership commitment to an amount I am able to pay.				
<b>**Buy-out:</b> Add \$400 per person if you are electing to buy out of the service requirement. Everyone will be reminded periodically to satisfy the volunteer requirement or pay this buy-out fee.				

**Payment Methods**

Please tell us how you will pay:

- Check**  
Make your check out to United Synagogue of Hoboken and note that the payment is for membership.
  - Online**  
Pay via PayPal on the USH website, [www.hobokensynagogue.org/membership.php](http://www.hobokensynagogue.org/membership.php)
  - Credit Card - A 3% fee will be applied**  
Provide the following credit card details:  
Name \_\_\_\_\_  
Number \_\_\_\_\_  
Expiration date \_\_\_/\_\_\_\_ Verification Number\_\_\_\_\_
- ( ) Mastercard    ( ) Visa    ( ) Discover
- Office Use: SA \_\_\_\_\_ Zip \_\_\_\_\_

**Payment Options**

Are you paying in full or in installments?

- Full Payment**  
Remit your full commitment (including YK Appeal & buy-out if applicable).
- Installment Plan (monthly)**  
*All commitments must be paid in full by May 31, 2020.*  
Please choose from one of these 2 options:
  - Automatically Charge Credit Card**  
I/We request USH automatically charge my card for a total of \_\_\_\_ months.
  - Automatic eCheck Payment**  
Please complete the Electronic Debit Authorization Form that may be found at: [www.hobokensynagogue.org/membership/](http://www.hobokensynagogue.org/membership/)

Please sign and date this application and return it to United Synagogue of Hoboken, 115 Park Ave., Hoboken, NJ 07030.

Signature A \_\_\_\_\_ Date \_\_\_\_\_

Signature B \_\_\_\_\_ Date \_\_\_\_\_

**Please sign up at [www.hobokensynagogue.org](http://www.hobokensynagogue.org) to receive news about our activities. You don't want to miss anything!**