



Thank you for your interest in Congregation Or Hadash. We look forward to your active involvement in our dynamic community. Please complete this application for membership and return it along with your **Payment Information**, **Volunteer Interest** and **Credit Card Authorization** forms. Feel free to use an additional sheet of paper if needed.

### 1. MEMBERSHIP INFORMATION

#### Adult Member 1

**Name** \_\_\_\_\_

Gender:  Male  Female

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Hebrew Name (transliterated) \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Religion \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Business Email \_\_\_\_\_

Marital Status:  Single  Married  Divorced  
 Separated  Widowed  Living Together

Other Special Dates: (Anniversary, etc.) \_\_\_\_\_

#### Adult Member 2

**Name** \_\_\_\_\_

Gender:  Male  Female

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Hebrew Name (transliterated) \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Religion \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Business Email \_\_\_\_\_

Marital Status:  Single  Married  Divorced  
 Separated  Widowed  Living Together

Other Special Dates: (Anniversary, etc.) \_\_\_\_\_

#### Child Member 1

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

Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Bar/Bat Mitzvah Date Assigned?  
 No.  
 Yes. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Enrolled In A Day School?  
 No. School \_\_\_\_\_  
 Yes. School \_\_\_\_\_

*Congregation Or Hadash encourages all children Pre-K thru grade 7 not enrolled in a Jewish Day School to participate in our religious school.*

#### Child Member 2

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

Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Bar/Bat Mitzvah Date Assigned?  
 No.  
 Yes. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Enrolled In A Day School?  
 No. School \_\_\_\_\_  
 Yes. School \_\_\_\_\_

*Congregation Or Hadash encourages all children Pre-K thru grade 7 not enrolled in a Jewish Day School to participate in our religious school.*

#### Child Member 3

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

Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Bar/Bat Mitzvah Date Assigned?  
 No.  
 Yes. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Enrolled In A Day School?  
 No. School \_\_\_\_\_  
 Yes. School \_\_\_\_\_

*Congregation Or Hadash encourages all children Pre-K thru grade 7 not enrolled in a Jewish Day School to participate in our religious school.*



Who can we thank for referring you to Congregation Or Hadash? \_\_\_\_\_

### 2. YAHRZEIT INFORMATION *(optional)*

Please complete this section if you would like to be reminded of the anniversary of the death of a loved one. You will be notified according to the Jewish calendar.

**Name of Deceased** \_\_\_\_\_

Relationship To You \_\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy) English Calendar

Time of Death:  
 Before Sundown or  After Sundown

**Name of Deceased** \_\_\_\_\_

Relationship To You \_\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy) English Calendar

Time of Death:  
 Before Sundown or  After Sundown

**Name of Deceased** \_\_\_\_\_

Relationship To You \_\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy) English Calendar

Time of Death:  
 Before Sundown or  After Sundown

**Name of Deceased** \_\_\_\_\_

Relationship To You \_\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy) English Calendar

Time of Death:  
 Before Sundown or  After Sundown

### 3. HIGH HOLIDAY PASSES

High Holiday information packets and passes are sent out in August. To help the congregation with planning adequate spacing for the High Holidays, please select one.

- Yes, I/We will be attending High Holy Day services at COH and will need passes for:  
     \_\_\_ Both Rosh Hashanah and Yom Kippur   \_\_\_ Rosh Hashanah Only   \_\_\_ Yom Kippur Only
- No, I/We will not be attending High Holy Day services at COH and do not need passes.
- I/We plan to request \_\_\_ additional passes for High Holy Day services.

Note: The information requested above is for planning purposes only.

### 4. MEMBERSHIP CATEGORIES AND FEES

Please refer to the **Dues & Fees Structure Form** when completing this section.

**Age or Category:**  Full-Time Student (under 30)\*  Adult under 30  30-39  40-69  70+  
*Applicable for individuals only*

Age categories are based on the age of the oldest family member as of January 1.

**Status:**

- Individual. *Based on age category selected above* \$ \_\_\_\_\_
- Family (couple with or without children). *Based on age category selected above* \$ \_\_\_\_\_
- Lapid (Torch): \_\_\_ Triple Chai \_\_\_ Double Chai \_\_\_ Chai Plus \_\_\_ Golden Chai \$ \_\_\_\_\_  
*Includes dues*
- Masuah (Beacon): \_\_\_ Torah \_\_\_ Double Chai \_\_\_ Mitzvah \_\_\_ Chai \_\_\_ Minyan \$ \_\_\_\_\_
- Associate Membership (Associate Membership does not include High Holiday tickets) \$ \_\_\_\_\_  
 Full Membership at \_\_\_\_\_ Synagogue in the metro Atlanta area.
- Optional Contribution to the General Fund. \$ \_\_\_\_\_

**TOTAL AMOUNT DUE: \$** \_\_\_\_\_

### 5. SPECIAL CIRCUMSTANCES OR NEEDS

Please use this space to share any special circumstances or needs not address anywhere above.

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# Photo Release Form

**Congregation Or Hadash occasionally uses photographs of members and events in its marketing and promotional efforts including in its newsletters and on its website. Please sign this release form to grant COH permission to use your/and or your child's photo.**

I hereby grant permission to Congregation Or Hadash to use my photograph on any and all marketing and/or promotional materials, including but not limited to, its website or in other official printed publications without further consideration, and I acknowledge Congregation Or Hadash's right to crop or treat the photograph at its discretion. I also acknowledge that Congregation Or Hadash may choose not to use my photo at any time, but may do so at its own discretion at a later date. Congregation Or Hadash reserves the right to discontinue use of photos without notice. I also understand that once my image is posted on Congregation Or Hadash's website, the image can be downloaded.

Therefore, I hereby release Congregation Or Hadash from any and all liability in connection with any photograph.

I, \_\_\_\_\_ (Adult 1), agree/disagree (please circle) to these terms.

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

I, \_\_\_\_\_ (Adult 2), agree/disagree (please circle) to these terms.

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

For persons under the age of 18, the permission of a parent or guardian is required on this Photo Release Form. Please list the names of all your minor children:

Child 1: \_\_\_\_\_

Child 4: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 5: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 6: \_\_\_\_\_

I hereby grant/do not grant (please circle) permission to Congregation Or Hadash to use the photograph of my child(ren) listed as outlined above.

Signature of parent or guardian: \_\_\_\_\_

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

Thank You



**Congregation Or Hadash**  
 Illuminate the Light from Within

# Membership Payment Information

Our congregation has its own timely financial obligations; it becomes critical that if you choose to make periodic payments, as defined in the schedule below or through special arrangement, you adhere to the schedule selected. If you are unable to make your schedule, contact the Executive Director to determine an alternative payment schedule.

I/We, \_\_\_\_\_, understand that as a member of the Congregation Or Hadash community I/we am/are committing to be a part of a *kehillah kedosha*, a sacred community. In acceptance of that responsibility, I/We am/are committing to pay the dues as specified below and the assessments as may be fixed by the Congregation Board.

I/We agree to pay \$ \_\_\_\_\_ for our Congregation Or Hadash dues and fees through December 31.

I/We have elected the following payment option:

- In Full.**
- Bi-Annual Payments in the amount of \$ \_\_\_\_\_**
- Quarterly Payments in the amount of \$ \_\_\_\_\_**
- Monthly Payments in the amount of \$ \_\_\_\_\_**
- Other.** I/We have made arrangements for another payment schedule with the Executive Director.

Congregation Or Hadash prefers that if you choose to make multiple payments, that you do so by credit card.

- Yes. I/We would like to use a credit card to pay for all dues and fees listed above. I/We have enclosed the completed Credit Card Authorization Form with this application.
- No. I/We do not wish to use a credit card for payment at this time. I/We have enclosed a check in the amount of \$ \_\_\_\_\_ with this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you again for your membership and support.

Please return this form with your payment and completed membership application to the COH office:

## Congregation Or Hadash

7460 Trowbridge Road  
 Sandy Springs, Georgia 30328

www.or-hadash.org

Phone: 404-250-3338

Fax: 404-477-1516

### FOR OFFICE USE:

Payment submitted with Membership Application:  Yes  No Date Received: \_\_\_\_\_

Executive Director Comments: \_\_\_\_\_

Entered into Database on: \_\_\_\_\_



# Credit/Debit Card Authorization

Authorization For Credit Card Paymetns (Dues & Fees)

Name as it appears on the card: \_\_\_\_\_

**CREDIT CARD BILLING ADDRESS**

Street: \_\_\_\_\_

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

**CREDIT CARD TYPE**

American Express       MasterCard       Visa

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount to debit: \$ \_\_\_\_\_ (US Dollars only)

**Payment Type:**

- In Full.
- Bi-Annual Payments in the amount of \$ \_\_\_\_\_
- Quarterly Payments in the amount of \$ \_\_\_\_\_
- Monthly Payments in the amount of \$ \_\_\_\_\_
- Monthly Payments in the amount of \$ \_\_\_\_\_
- Other (with approval of the Executive Director)  
Please specify \_\_\_\_\_.

In order to help Or Hadash cover our huge annual credit card processing expense, please add 2.5% to my charge.

**ACKNOWLEDGEMENT**

I hereby authorize CONGREGATION OR HADASH to initiate DEBIT entries (charges in US dollars) to my CREDIT CARD in the amount and frequency indicated above.

I am aware that this Credit Card Account will be charged as follows: (1) First payment upon receipt of this form, and (2) any subsequent payments, *if applicable*, as noted above.

I understand this authorization will remain in force and effect until CONGREGATION OR HADASH has been notified by me in writing of its termination. Notice of termination must be given no later than the first of the month.

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

**FOR OFFICE USE:**

Payment submitted with Membership Application:     Yes     No    Date Received: \_\_\_\_\_

Executive Director Comments: \_\_\_\_\_

Entered into Database on: \_\_\_\_\_



# Building Fund Commitment

## New Member Building Fund Commitment Effective 01/01/2013

New Members joining Congregation Or Hadash as of 1/01/2013 are required to participate in our Building Fund. The Building Fund pledge payments will commence one year after joining the congregation or when reaching age 30, whichever is later.

- Single members will have a minimum commitment of \$2,500 payable ratably in 5 equal yearly installments beginning on the 1<sup>st</sup> anniversary of their join date.\*
- Family members will have minimum commitment of \$4,000 payable ratably in 5 equal yearly installments beginning on the 1<sup>st</sup> anniversary of their join date.\*
- I/We wish to make an additional commitment in the amount of \$\_\_\_\_\_.

**\*A discount of 20% of the above sum for full payment within the first year of their membership application.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

I/we will pay our commitment with the following credit card:

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

- I/we would like to pay our commitment in equal monthly installments.



# Volunteer Interest Form

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

Contact: \_\_\_\_\_  Cell  Home (check one)

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

I am interested in the following areas. If you need more than one volunteer interest form, please let us know.

\_\_\_\_\_ Adult Education: Programs of interest to enrich lives, grow Jewish identity, and create community.

\_\_\_\_\_ Budget & Finance

\_\_\_\_\_ Chesed: Perform bikur cholim for congregants in times of need, visit the sick, prepare meals, provide needed transportation, and more.

\_\_\_\_\_ College Outreach: Help us stay connected with college age members away at school.

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Green

\_\_\_\_\_ High Holidays

\_\_\_\_\_ Historian: Capture our history in photographs and words.

\_\_\_\_\_ Holiday Family Celebrations: Plan and organize our Hanukkah and Purim Celebrations.

\_\_\_\_\_ Marketing

\_\_\_\_\_ Hospitality: Help coordinate Kiddushes and synagogue events when there is no sponsor.

\_\_\_\_\_ Kol Nidre

\_\_\_\_\_ Membership: Engage prospective and new members while mingling with old friends.

\_\_\_\_\_ Music

\_\_\_\_\_ Office: Help out with congregational mailings, answering phones, and occasionally running errands.

\_\_\_\_\_ Retreat

\_\_\_\_\_ Technology

\_\_\_\_\_ Tikkun Olam: Help us make the world a better place through our response to homelessness, hunger and our work with the elderly.

\_\_\_\_\_ Torah Readers

\_\_\_\_\_ Ushering: Welcome members and guests as they attend services

\_\_\_\_\_ Youth Programming

Please list other talents you would like to share with the congregation or any ideas, comments, or suggestions

\_\_\_\_\_