



## 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.

### Full Membership

\$2000/per family. \$1000 for singles. Includes High Holiday seats.

### Associate Membership

\$1000. 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.

NAME \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# APPLICATION



	Adult Male	Adult Female
First and Middle Name		
Last Name		
Hebrew Name (include both parents as well)		
Date of Birth		
Wedding Anniversary		
Address		
Phone – Home, Cell, Business		
Email Address		
Are you a member of another synagogue?		
Yarzeits – please complete below if applicable		
Children – please complete below with names and birthdates for children under 25		

# Children's Data:

Sex	Male/Female	Male/Female	Male/Female	Male/Female	Male/Female
First name					
Last name					
Phone					
Birthdate					
Address (if different)					
Marital Status					
Spouse's name					

Hebrew Name					
School					
Grade					

### **Yahrtzeit Data:**

<b>Deceased first name</b>				
<b>Last name</b>				
<b>Male/female</b>				
<b>Hebrew Date</b>				

<b>English Date</b>				
<b>Relationship to you</b>				
<b>Are you interested in purchasing a yartzeit plaque?</b>				