



ADAT SHALOM  
עדת שלום

3030 Westwood Blvd.  
Los Angeles, CA 90034  
P: 310-475-4985 \*  
www.AdatShalomLA.org

## Adat Shalom Membership Application 2023-2024

*Welcome Home to Adat Shalom!* Thank you for your continuous and generous support as a renewing member of Adat Shalom. Your membership enables our ongoing spiritual and educational programs while strengthening our community for generations to come.

### Name and Address

Family Name: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Member Information

	Member #1	Member #2
Full Name		
Preferred First Name		
Hebrew Name <i>(include Father's and Mother's name. Please write in transliterated English)</i>		
What tribe of Israel do you belong to?		
Bar/Bat Mitzvah Date or Parshah		
Date of Birth		
Profession / Special Skill <i>(for office use only)</i>		
Home Phone #		
E-mail Address		
Cell Phone #		
Business Phone #		

Emergency Contact Name & Relationship:	Phone #:	Email:
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### Member Directory

ADAT SHALOM COMMUNITY DIRECTORY: We publish a Membership Directory annually for members. Please note this is for personal use only and not to be shared or used for business purposes. Please review your information so it is accurate and up to date.

☐ Please check this box if you *do not* want to be listed in the Directory.

Family Name:

## Family Information

	Child One	Child Two	Child Three	Child Four
English Name				
Hebrew Name				
Date of Birth				
If birth mother is not Jewish, was child converted?				

## Yahrzeit Information

**New Members:** Please provide yahrzeit information for loved ones below.

**Returning Members:** We have your loved ones yahrzeit information on file. Please provide only **NEW** yahrzeit information below:

	Yahrzeit	Yahrzeit	Yahrzeit	Yahrzeit	Yahrzeit
English Name					
Hebrew Name <i>(if known)</i>					
Relationship/ To Whom					
Secular Date of Death <i>(Before/After Sundown)</i>					
Hebrew Date of Death <i>(if known)</i>					

We send reminders to active members prior to the yahrzeit dates. Names will be read during the morning Shabbat service prior to the yahrzeit. If more space is needed, please attach a supplemental page.

## Memorial Yahrzeit Board

- ☐ Check this box if you are interested in purchasing a memorial yahrzeit plaque to honor the sacred memory of your loved one or if you would like to reserve a space on our memorial yahrzeit board. The Executive Director will be contacting you for further information. Cost per plaque is \$650.00.

## Membership Rates 2023-2024

Member Category	Membership	Building / Facility Fee	Security	Total
<b>Individual</b>	\$1600	\$390	\$430	\$2420
<b>Family</b>	\$2475	\$390	\$430	\$3295
<b>Senior Individual</b> (Over 64 yrs.)	\$1180	\$390	\$430	\$2000
<b>Senior Couple</b> (Over 64 yrs.)	\$1990	\$390	\$430	\$2810
<b>Associate Family</b> (must show proof of affiliation with another synagogue)	\$650	Waived with proof of affiliation with other synagogue	\$430	\$1080

## Financial Aid

Financial Aid is available for all in need.  
Please contact Renalee Pflug in the office at 310-475-4985 for more information.

## Religious School 2023-2024

We are planning for a robust Religious School Program in the coming year. A calendar of the fall schedule will be sent to Religious School families in the coming weeks.

Grades	Days per week	First Child	Siblings
Pre-K - 1st	1x per week - Sunday morning	\$1000	\$900
2nd - 8th	2x per week - Wednesday and Sunday	\$1500	\$1400

**B'nai Mitzvah Fee** - If your child will be reaching the age of bar/bat mitzvah in the next 3 years, please contact the office to schedule a date.

\$1000

For New Members Only  
1st Year of Religious School is Free (1st child only) with Full Membership Dues.

## Membership Commitments

I/We promise to abide by the rules and regulations of Adat Shalom. I (we) agree to pay the first year's dues in the amount of \$\_\_\_\_\_ and thereafter such annual dues as may be fixed by the Synagogue Board of Directors, in accordance with the By-Laws of the Congregation. I (we) understand that the fiscal year for payment of all Adat Shalom accounts is July 1-June 30. I (we) have received and understand all commitments regarding the Building Fund policy and payment schedules. I (we) understand that our account must be current in order to have a life cycle event and voting privileges at Adat Shalom.

\*Note: Adat Shalom By-Laws are available in the office upon request.

Member #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Member #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Membership Summary Fiscal Year 2023-2024

Membership Dues 2023-2024	\$ _____
Building / Facility Fee	\$ <u>390</u>
Security Fee	\$ <u>430</u>
Religious School Tuition	\$ _____
Lev Shalem High Holidays Machzor(s) @ \$36 each	\$ _____
Additional Contributions (yahrzeit, donations, etc.)	\$ _____
<b>TOTAL ANNUAL OBLIGATIONS*</b>	\$ _____

### \*Payment Options (please select one)

*Beginning July 1, 2023, a 3% convenience fee will be automatically included to all credit and debit card transactions. There is no fee with payments made by check, ACH or bank transfers.*

☐ Option 1 - Payment in Full by check or credit card or debit card. For credit/debit card charge, please complete information below. Checks made payable to Adat Shalom.

☐ Option 2 - Multi-Pay Plan - Payments for Total Annual Obligations will be billed monthly in 10 equal installments July, 2023 through April, 2024. To set up a payment with online banking, please contact the office. To use a credit/debit card, please provide information below. For monthly payments processed after July 1, 2023, installments will be adjusted to be completed by April 2024.

**Credit/Debit Card Information** (this information must be provided each year):

Type (Please Circle One): Visa                      MasterCard                      AMEX

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name (as it appears on card) \_\_\_\_\_

Cardholders Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

I/We authorize Adat Shalom to charge the credit card identified above for the total annual obligation. In the event that my credit card is declined and I/we do not make a payment within 5 business days from the due date I/we agree to pay a 10% late charge. Should any account be delinquent for more than 10 business days from the due date, I/we understand my/our child may not be admitted to class (if

Member #1 Signature: \_\_\_\_\_ Date: \_\_\_\_      Member #2 Signature: \_\_\_\_\_ Date: \_\_\_\_

For office use only

Recorded by: Signature: \_\_\_\_\_ Date: \_\_\_\_

**Office Use Only - Payment Plan**

Start Date \_\_\_\_\_

End Date \_\_\_\_\_