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| HarEl - Logo | | | | | | **North Shore Jewish Community Centre/**  **Congregation Har El** | | | | | | | | | | | | | | |
|  | | | | | | **1305 Taylor Way**  **West Vancouver, BC V7T 2Y7**  **Office: (604) 925-6488**  **Fax: (604) 922-8245** | | | | | |  | | **Email: office@harel.org**  **www..harel.org** | | | | | | |
| **Adult # 1** | | | | **ABOUT YOU** | | | | | | | | | | | | **Adult # 2** | | | | |
| Family Name | | | | | | | Title | Family name | | | | | | | | | | | | Title |
| First name | | | | | | |  | First name | | | | | | | | | | | |  |
| Birth date (MM/DD/YY) | | | | | | |  | Birth date (MM/DD/YY) | | | | | | | | | | | |  |
| Gender  Female  Male  Non-Binary  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | | | | | | | | Gender  Female  Male  Non-Binary  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | | | | | | | | | | | | |
| Married Partnered Widowed Divorced  Single | | | | | | | | Anniversary (MM/DD/YY) if applicable | | | | | | | | | | | | |
| **Adult #1** | | | | | **HOME CONTACT INFORMATION** | | | | | | | | | | | | **Adult #2** | | | |
| Street address | | | | | | | |  | | | | | | | | | | | | |
| City | | | | | | | | Province | | | | | | | | | | Postal Code | | |
| Home phone | | | | | | | |  | | | | | | | | | | | | |
| Cell phone | | | | | | | | Cell phone | | | | | | | | | | | | |
| Email | | | | | | | | Email | | | | | | | | | | | | |
| **Adult #1** | | | | | **BUSINESS INFORMATION** | | | | | | | | | | | | **Adult #2** | | | |
| Retired | | | | | | | | | | | Retired | | | | | | | | | |
| Position | | | | | | | | | | | Position | | | | | | | | | |
| Employer | | | | | | | | | | | Employer | | | | | | | | | |
| Street address | | | | | | | | | | | Street address | | | | | | | | | |
| City/Province/Postal | | | | | | | | | | | City/Province/Postal | | | | | | | | | |
| Emergency contact name | | | | | | | | | | | Address | | | | | | | | | |
| Home phone | | | | | Cell phone | | | | | | | | | | | | Relationship | | | |
| **Adult # 1** | | | | **JEWISH BACKGROUND** | | | | | | | | | | | | **Adult # 2** | | | | |
| **I am a** | Kohen  Levi  Yirsrael  Different faith | | | | | | | | **I am a** | | | | Kohen  Levi  Yirsrael  Different faith | | | | | | | |
| Hebrew name | | | | | | | | | Hebrew name | | | | | | | | | | | |
| **Adult # 1** | | | | **FAMILY INFORMATION** | | | | | | | | | | | | **Adult # 2** | | | | |
| Parent 1 full name | | | | | | | | | | Parent 1 full name | | | | | | | | | | |
| Hebrew name (if any) | | | | | | | | | | Hebrew name (if any) | | | | | | | | | | |
| Living | Deceased | Date of death (MM/DD/YY) | | | | | | | | Living | | | | | Deceased | | | Date of death (MM/DD/YY) | | |
|  | | | | | | | | | |  | | | | | | | | | | |
| Parent 2 full name | | | | | | | | | | Parent 2 full name | | | | | | | | | | |
| Hebrew name (if any) | | | | | | | | | | Hebrew name (if any) | | | | | | | | | | |
| Living | Deceased | Date of death (MM/DD/YY) | | | | | | | | Living | | | | | Deceased | | | Date of death (MM/DD/YY) | | |
| **Adult # 1** | | | | **PHOTO RELEASE** | | | | | | | | | | | | **Adult # 2** | | | | |
| I/We grant permission to Congregation Har El to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of members of my/our family, without compensation or approval rights, for use in materials created for purposes of promoting the activities of the North Shore Jewish Community/Congregation Har El. | | | | | | | | | | | | | | | | | | | | |
| **Yes. Signature** | | |  | | | | | | | **Yes. Signature** | | | | | | | | |  | |
| **No, thank you. Signature** | | |  | | | | | | | **No, thank you. Signature** | | | | | | | | |  | |
|  | | |  | | | | | | |  | | | | | | | | |  | |

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| **CHILDREN (attach additional sheet if necessary)** | | | | | | | | | | | | |
|  | | | **Child 1** | | | | **Child 2** | | | | | **Child 3** |
| First & Last name | | |  | | | |  | | | | |  |
| Hebrew name | | |  | | | |  | | | | |  |
| Gender Identity | | | Female Male  Non-Binary  \_\_\_\_\_\_\_\_ Prefer to not say | | | | Female Male  Non-Binary  \_\_\_\_\_\_\_\_ Prefer to not say | | | | | Female Male  Non-Binary  \_\_\_\_\_\_\_\_ Prefer to not say |
| Birth date (MM/DD/YY) | | |  | | | |  | | | | |  |
| Bar/Bat mitzvah date (if any) | | |  | | | |  | | | | |  |
| Plan to enroll in Hebrew school | | | yes | | | | yes | | | | | yes |
| Lives at home | | | yes | | | | yes | | | | | yes |
| Married | | | yes | | | | yes | | | | | yes |
| Other information? | | |  | | | |  | | | | |  |
| **YAHRZEIT OBSERVANCE (attach additional sheet if necessary)** | | | | | | | | | | | | |
| **Adult # 1** | | | | **Person 1** | | | | | **Person 2** | | | |
| Full name of deceased | | | |  | | | | |  | | | |
| Hebrew name | | | |  | | | | |  | | | |
| Relationship | | | |  | | | | |  | | | |
| English date of death (MM/DD/YY) | | | |  | | | | |  | | | |
| Hebrew date of death | | | |  | | | | |  | | | |
| Observe English or Hebrew date | | | | English  Hebrew | | | | | English  Hebrew | | | |
| **Adult # 2** | | | | **Person 1** | | | | | **Person 2** | | | |
| Full name of deceased | | | |  | | | | |  | | | |
| Hebrew name | | | |  | | | | |  | | | |
| Relationship | | | |  | | | | |  | | | |
| English date of death (MM/DD/YY) | | | |  | | | | |  | | | |
| Hebrew date of death | | | |  | | | | |  | | | |
| Do you observe English or Hebrew date? | | | | English  Hebrew | | | | | English  Hebrew | | | |
| **Adult # 1** | | | | | **SIGNATURES** | | | | | **Adult # 2** | | |
|  | | | | | | | | | | | | |
| *I/We hereby accept membership in North Shore Jewish Community Centre/Congregation Har El and agree to abide by the constitution and bylaws, customs and regulations that are now or may hereafter be in effect. (Copies available through the office.)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| *I/We understand that this application must be approved by the North Shore Jewish Community Centre/Congregation Har El, and that all financial information contained herein will be considered privileged information and disseminated at the discretion of the Executive Board.* | | | | | | | | | | | | |
| *I/We agree that my/our name will be included in the Membership Roster and available to other members of the North Shore Jewish Community Centre/Congregation Har El.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Signature** |  | | | | | **Signature** | |  | | | | |
| **Dated** |  | | | | | **Dated** | |  | | | | |
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| **Making a Connection** | | |
| **Please check any of the following activities or volunteer opportunities in which you are interested.** | | |
|  | **Adult # 1** | **Adult # 2** |
| **Programs** | Fundraising/Auction | Fundraising/Auction |
|  | Program planning | Program planning |
|  | Program decor | Program decor |
|  | Group hiking | Group hiking |
| **Religious observances** | Torah reader | Torah reader |
|  | Haftorah reader | Haftorah reader |
|  | Recite Torah blessings | Recite Torah blessings |
|  | Learn blessings and/or Torah reading | Learn blessings and/or Torah reading |
| **Food preparation** | Holiday cooking | Holiday cooking |
|  | Mitzvah cooking | Mitzvah cooking |
| **Committee participation** | Education | Education |
|  | Programming | Programming |
|  | Ritual Committee | Ritual Committee |
|  | Membership | Membership |
|  | Sisterhood | Sisterhood |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Community Leadership** | Committee chair | Committee chair |
|  | Board position | Board position |
| **A Little More About You** | | |
| The North Shore Jewish Community Centre/Congregation Har El welcomes you!  We look forward to meeting you and introducing ourselves in person.  Our community is powered by volunteers in so many different ways and we’d love to have you involved as well. Please share with us any skills, talents, areas of expertise that you would be willing to share, teach, lead. | | |
|  | | |

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| **Membership Fees** | | | | | | |
| **Please review the suggested membership rates below.**  ***No one will be denied membership because of inability to pay. If you have concerns about membership fees, please contact any a co-president or treasurer (info below). This information will be kept strictly confidential.*** | | | | | | |
| **Membership Rates** | | | | **My Membership** | |
| **Family income (from all sources) under $150,000** | | | | **To which situation do you identify?** | |
|  | | Annual | Monthly |  | |
| 2 adult household | | $2,160 | $180 | 2 adult household  Associate member | |  | |
| 1 adult household | | $1,416 | $118 | 1 adult household | |
| Single (under 35) | | $432 | $36 | Single (under 35) | |
| Single (over 35) | | $1,080 | $90 | Single (over 35) | |
| Single (senior) | | $648 | $54 | Single (senior) | |
| Couple (senior) | | $1,632 | $136 | Couple (senior) | |
| **Family income (from all sources) over $150,000** | | | | **Number of children currently enrolled in Hebrew School: \_\_\_\_\_\_\_\_\_** | |
| 2% of total income | | | | **Based on the above rates and my family situation, my total membership dues are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Associate Member Dues are available if one of the following scenarios applies\*:**  I/we live north of Furry Creek, west of Bowen Island, south of Richmond, or east of Port Coquitlam.  I/we are full dues paying members at another congregation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*Subject to confirmation. Associate membership does not include voting or burial rights.* | | | |
| **Building Fund** | | | | | |
| All members are asked to contribute to the care and maintenance of our building of $5,000 to the Building Fund.  If this is not something you are able to do at this point, please share with us. | | | | | |
| Pay in full | Pay at a rate of $\_\_\_\_ per year over \_\_\_ years | | | | I am only able to contribute $\_\_\_\_\_ |
| **Method of Payment** | | | | | |
| Credit card (Visa, Mastercard) | | | | One payment in full | |
| Cheque (payable to **Congregation Har El**) | | | | 1 – 12 post-dated payments (cheque, Visa, Mastercard) | |
| **Signature:** | | | | **Date:** | |
| **PLEASE RETURN THIS COMPLETED FORM BY EMAIL, FAX OR SNAIL MAIL.** | | | | | | |
| North Shore Jewish Community Centre / Congregation Har El  1305 Taylor Way, West Vancouver, BC V7T 2Y7  Tel :604-925-6488 Fax: 604-922-8245 Email: [office@harel.org](mailto:office@harel.org)  Co-Presidents: Rachel Laniado, rachellaniado@hotmail.com; Anat Schwartz, [anat@jrsengineering.com](mailto:anat@jrsengineering.com)  Treasurer: Monica Mashal, [monmashal@gmail.com](mailto:monmashal@gmail.com) | | | | | | |

***We look forward to meeting you and welcoming you to the Jewish community on the North Shore!***