



Membership Application 2021-22

Date: _____

General Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Member 1:

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth: _____

Aliyah Status: Kohen Levi Yisrael Single Married Divorced Widow(er)

Occupation: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Other Synagogue Affiliation _____

Member 2:

Full Name: _____ Hebrew Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Your Bar/Bat Mitzvah Parsha: _____ Date of Birth: _____

Occupation: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Wedding Anniversary (English date): _____



Children Information:

<u>English Name</u>	<u>Hebrew Name</u>	<u>Date of Birth</u>	<u>School/Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check the following that you would like to be involved in:

- Kiddush/Hospitality Committee Social Committee Office Help
 Youth Programming Chanukah Dinner Chesed Committee
 Purim Seudah Fundraising Other Programming

Check here to receive e-mails about upcoming classes and programming.

Check here to receive weekly Shabbat phone messages.



Yahrzeit Information:

Member 1:

Relationship to you: _____ Full English Name: _____

Hebrew Name: _____ Father's/mother's Hebrew Name: _____

Hebrew Date of death: _____ English Date of death: _____

___ Before Sunset ___ After Sunset

Relationship to you: _____ Full English Name: _____

Hebrew Name: _____ Father's/mother's Hebrew Name: _____

Hebrew Date of death: _____ English Date of death: _____

___ Before Sunset ___ After Sunset

Member 2:

Relationship to you: _____ Full English Name: _____

Hebrew Name: _____ Father's/mother's Hebrew Name: _____

Hebrew Date of death: _____ English Date of death: _____

___ Before Sunset ___ After Sunset

Relationship to you: _____ Full English Name: _____

Hebrew Name: _____ Father's/mother's Hebrew Name: _____

Hebrew Date of death: _____ English Date of death: _____

___ Before Sunset ___ After Sunset

___ Check here if you would like more information about purchasing a memorial plaque in memory of a loved one.



MEMBERSHIP FEES:

Special Membership for Young Professionals—1st year only

___ Singles: 36 and under \$50 for the year.

___ Families: Parent(s) 36 and under \$100 for the year.

___ Families - \$950.00

___ Single Man/Woman - \$475.00

___ *Associate Membership - \$475.00

* Must be a Full Member of Another Synagogue With a Letter in Good Standing

* An Associate Member may NOT serve on the Executive Board and/or be a Trustee and does NOT qualify for a free cemetery plot.

___ Young Professionals (up to age 40) \$475/Family and \$225/Single

___ Full Time College Students - No Charge

___ Nursing Home- If previous member in good standing, No Charge.

___ Newlyweds – No Charge for Membership for one year (Shana Rishona)

Note: New full members must be members in good standing for 2 years before receiving rights for cemetery plots.

HIGH HOLIDAY SEAT :

___ With Membership \$100.00 ___ Quantity

___ Elementary and High School Students \$25.00 ___ Quantity

___ Non Member High Holiday Seat Adult \$200.00 ___ Quantity

___ Non Member Elementary and High School Students \$50 ___ Quantity

Note: A minimum of 25% of current dues paid and all prior dues obligations paid in order to receive high holiday seats.

Please mail with payment to Oheb Zedek-Cedar Sinai Synagogue, 23749 Cedar Road, Lyndhurst, OH 44122
Phone 216-382-6566 Fax: 216-382-4237 Email: office@oz-cedarsinai.org Website www.oz-cedarsinai.org.

Office Use Only: Check# _____ Date: _____ Amount: \$ _____ Account# _____

Membership Approved: _____ Date: _____ Approved by: _____

Quickbooks ___ Rakafet ___ One Call ___ Constant Contact ___