

PLEASE COMPLETE FRONT AND BACK PAGES. SECOND PAGE CAN BE SENT IN AT YOUR CONVENIENCE.

RESIDENCE INFO:

(BEGIN 4-2021)

ADDRESS:	
CITY, STATE, ZIP:	
HOME PHONE:	

PERSONAL INFO:

	ADULT #1	ADULT #2
PREFERRED TITLE: MR, MRS, MS, MISS, MX, DR, PROF, RABBI...		
FIRST NAME:		
MIDDLE NAME:		
LAST NAME:		
NICKNAME:		
GENDER:		
PRONOUNS:		
BIRTHDATE: MM/DD/YYYY	MO: DAY: YEAR:	MO: DAY: YEAR:
CELL PHONE:		
OCCUPATION:		
WORK PHONE:		
EMAIL:		
ARE YOU JEWISH?		
TRIBE: KOHEN, LEVI, ISRAELITE, NOT APPLICABLE		
DID YOU HAVE A B'NAI MITZVAH?		
B'NAI MITZVAH DATE:		
PARSHA:		
HAFTORAH:		
CAN YOU LEAD A SERVICE?		
TRANSLITERATE BELOW PLEASE:		
YOUR FULL HEBREW NAME:		
PARENT #1 FULL HEBREW NAME:		
PARENT #2 FULL HEBREW NAME:		
MARITAL STATUS: SINGLE, ENGAGED, MARRIED, PARTNERED, SEPARATED, DIVORCED, WIDOWED		
WEDDING ANNIVERSARY: (IF APPLICABLE)	MO: DAY: YEAR:	
COMMENTS:		

MEMBERSHIP CATEGORY:	DUES FOR JULY 2023- JUNE 2024*	INCLUDES:
INDIVIDUAL	\$1,866	1 HIGH HOLIDAY SEAT
FAMILY	\$2,795	2 HIGH HOLIDAY SEATS
DUAL MEMBERSHIP	\$735	NO ADDITIONAL BENEFITS
DONOR MEMBERSHIP	\$4,200	4 HIGH HOLIDAY SEATS
PATRON MEMBERSHIP	\$7,350	6 HIGH HOLIDAY SEATS
BENEFACITOR MEMBERSHIP	\$10,000	8 HIGH HOLIDAY SEATS

- DUES WILL BE PRORATED FOR ANYONE JOINING AFTER **THE HIGH HOLIDAYS**.

HTAA DEPENDS ON MEMBERSHIP DUES TO SUPPORT OUR OPERATING EXPENSES. MEMBERSHIP IS AVAILABLE TO EVERYONE REGARDLESS OF FINANCIAL CIRCUMSTANCES. PLEASE DO NOT LET ECONOMIC HARDSHIP KEEP YOU FROM JOINING OUR SYNAGOGUE. IF YOU NEED TO DISCUSS YOUR SITUATION CONFIDENTIALLY WITH OUR FINANCIAL SECRETARY FOR A REDUCTION IN DUES, PLEASE CHECK THE BOX BELOW AND FILL IN YOUR CONTACT INFORMATION.

PLEASE CONSIDER ME/ US FOR: (PLEASE CHECK ONE BOX BELOW)

<input type="checkbox"/>	INDIVIDUAL MEMBERSHIP	<input type="checkbox"/>	DONOR MEMBERSHIP
<input type="checkbox"/>	FAMILY MEMBERSHIP	<input type="checkbox"/>	PATRON MEMBERSHIP
<input type="checkbox"/>	DUAL SYNAGOGUE MEMBERSHIP	<input type="checkbox"/>	BENEFACITOR MEMBERSHIP

	TO DISCUSS YOUR FINANCIAL SITUATION PRIVATELY WITH OUR FINANCIAL SECRETARY, CHECK THE BOX TO THE LEFT AND COMPLETE BELOW:	
	PLEASE CALL THIS PERSON:	
	BEST TIME TO TALK:	
	BEST PHONE NUMBER TO CALL:	

PRIOR SYNAGOGUE MEMBERSHIP:

IF EITHER ADULT IS A CURRENT MEMBER AT THE SYNAGOGUE LISTED BELOW CHECK HERE: _____		
CHECK IF SAME FOR BOTH ADULTS: ()	ADULT #1	ADULT#2
SYNAGOGUE NAME:		
ADDRESS:		
CITY, STATE, ZIP:		

MEMBERS ARE EXPECTED TO KEEP ALL FINANCIAL OBLIGATIONS CURRENT. THE CONGREGATION MAINTAINS A REVIEW COMMITTEE TO EVALUATE IN A CONFIDENTIAL MANNER SITUATIONS INVOLVING HARDSHIP. IT IS THE MEMBER'S RESPONSIBILITY TO REPORT ANY ISSUES OF FINANCIAL DIFFICULTY TO THE FINANCIAL SECRETARY.

IN THE EVENT A MEMBER FINDS IT NECESSARY TO LEAVE THE CONGREGATION, A RESIGNATION LETTER IN WRITING SHALL BE SUBMITTED TO THE OFFICE MANAGER AND IT SHALL BE EFFECTIVE UPON RECEIPT, UNLESS OTHERWISE NOTED.

IT IS REQUIRED THAT 25% OF THE YEARLY DUES BE SUBMITTED WITH THE APPLICATION FORM. IT IS REQUIRED THAT 25% OF YEARLY DUES BE PAID BY THE HIGH HOLIDAYS EVERY YEAR THEREAFTER. DUES CAN BE PAID QUARTERLY.

ADULT #1 SIGNATURE		DATE	
ADULT#2 SIGNATURE		DATE	

TO COMPLETE YOUR MEMBERSHIP PROFILE, WE WOULD APPRECIATE IT IF YOU WOULD COMPLETE THE FOLLOWING INFORMATION AND SEND IT TO THE OFFICE AT YOUR CONVENIENCE:

NAME OF ADULT #1:	
NAME OF ADULT #2	

FAMILY INFO:

[] CHECK IF REPORTING NONE	CHILD #1	CHILD #2	CHILD #3
FIRST NAME:			
LAST NAME:			
DATE OF BIRTH: MM/DD/YYYY	MO: DAY: YEAR:	MO: DAY: YEAR:	MO: DAY: YEAR:
GENDER:			
HEBREW NAME: TRANSLITERATED			
	CHILD #4	CHILD #5	CHILD #6
FIRST NAME:			
LAST NAME:			
DATE OF BIRTH: MM/DD/YYYY	MO: DAY: YEAR:	MO: DAY: YEAR:	MO: DAY: YEAR:
GENDER:			
HEBREW NAME: TRANSLITERATED			

	ADULT #1	ADULT #2		ADULT #1	ADULT #2
SISTERHOOD			YAHRTZEIT NOTIFICATIONS		
MENS CLUB			BIRTHDAY/ANNIVERSARY NOTIFICATIONS		
BOARD/COMMITTEE INVOLVEMENT			YOUNG FAMILY PROGRAMS		
VOLUNTEER OPPORTUNITIES			ADULT EDUCATION		

PLEASE LIST ANY AREAS OF INTEREST:

PLEASE TELL US ABOUT YOUR HOBBIES OR AREA OF EXPERTISE:

ADULT #1	
ADULT #2	

YAHRTZEIT INFO:

ENGLISH NAME	FULL HEBREW NAME (INCLUDING FATHER'S AND MOTHER 'S NAMES) TRANSLITERATED	DATE OF PASSING: (MM/DD/YYYY)	BEFORE OR AFTER SUNSET?	MOURNER'S NAME	RELATION TO ADULT:
EXAMPLE: JOSEPH STARMAN	YOSEF MICHA BEN SHMUEL NOACH V' RIVKA SARAH	01/01/1911	AFTER	"ADULT #1" NAME	FATHER

OUT OF RESPECT FOR THE ENVIRONMENT AND TO MINIMIZE OPERATING COSTS, OUR PRIMARY MEANS OF COMMUNICATION IS VIA EMAIL AND INFORMATION POSTED ON OUR WEBSITE. IF YOU WOULD LIKE TO RECEIVE A PHONE CALL TO BE NOTIFIED ABOUT LIFECYCLE EVENTS AND OTHER PROGRAM INFORMATION YOU MAY OPT-IN TO **"THE LOOP"**, OUR PHONE NOTIFICATION LIST.

<input type="checkbox"/>	YES, PLEASE ADD MY NAME TO "THE LOOP" PHONE NOTIFICATION LIST
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ONLINE MEMBERSHIP DIRECTORY: YOU WILL BE AUTOMATICALLY INCLUDED TO OUR ONLINE MEMBERSHIP DIRECTORY. MEMBERS MUST LOGIN TO ACCESS THE DIRECTORY. IF YOU WOULD LIKE TO OPT-OUT OF LISTING YOUR INFORMATION PLEASE INDICATE THAT BELOW:

<input type="checkbox"/>	I/WE PREFER TO KEEP OUR INFORMATION PRIVATE. DO NOT INCLUDE IN THE ONLINE MEMBERSHIP DIRECTORY.
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