

APPLICATION FOR MEMBERSHIP  
CONGREGATION SCHOMRE ISRAEL

PLEASE PRINT LEGIBLY

NAME \_\_\_\_\_ HEBREW NAME \_\_\_\_\_ bat/ben \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ JEW BY BIRTH \_\_\_\_\_ CONVERSION \_\_\_\_\_

MARITAL STATUS: Single \_\_\_ Widow \_\_\_ Married \_\_\_ Date of Anniversary \_\_\_\_\_

SPOUSE'S FULL NAME \_\_\_\_\_ HEBREW NAME \_\_\_\_\_ bat \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ JEW BY BIRTH \_\_\_\_\_ CONVERSION \_\_\_\_\_

NAMES OF DEPENDENT CHILDREN LIVING AT HOME	BIRTH DATE	HEBREW NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name & address of previous congregation (if applicable) \_\_\_\_\_

ANNUAL DUES: \$500.00

ONE TIME BUILDING FUND FEE: \$550.00

\*DO YOU PLAN TO USE OUR CEMETERY? YES \_\_\_ NO \_\_\_

\*Article XX11 6A. New members desiring cemetery privileges shall pay an initiation fee according to the following scale:

below age 50 - nothing	65-69 \$500 per grave	85-89 \$2,500
50-54 \$100 per grave	70-74 \$900 per grave	90+ \$3,000
55-59 \$200 per grave	75-79 \$1,500 per grave	
60-64 \$300 per grave	80-84 \$2,000 per grave	

THIS FEE IS DEPENDENT UPON YOUR AGE ON THE DATE THE FEE IS RECEIVED, NOT ON THE DATE OF MEMBERSHIP APPLICATION. All outstanding financial obligations must be paid in full before cemetery use can take effect.

I hereby apply for membership in Congregation Schomre Israel. I promise and agree that, if accepted, I shall abide by the rules and regulations of the congregation. Also, I shall do all in my power to further the best interests of the Synagogue at all times.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT ENCLOSED: Dues \_\_\_\_\_ Building Fund \_\_\_\_\_ Cemetery Fee \_\_\_\_\_

\_\_\_\_\_ Approved by Rabbi Shlomo Krasner

\_\_\_\_\_ Approved by Board