



Membership Application 2021-2022 (5782)

26668 Agoura Road, Calabasas, CA 91302
Office (818) 882-4867 Fax (818) 882-4868 vosla.org

& Center for Jewish Life

o New Member

o Renewal

(1) Last Name _____ First _____

(1) Occupation _____ Work phone _____

(1) Cell phone _____ Birth date (MM/DD/YY) _____

(1) E-mail Address: _____

(2) Last Name _____ First _____

(2) Occupation _____ Work phone _____

(2) Cell phone _____ Birth date (MM/DD/YY) _____

(2) E-mail Address: _____

Wedding Anniversary (MM/DD/YR) _____

Home Address _____

City: _____ State _____ Zip _____

Home Telephone _____

Do you want The Outreach Newsletter sent to you by U.S. mail or E-mail?

U.S. mail []
(\$36 per year)

E-mail []
(Free)

PLEASE CHECK ALL APPLICABLE BOXES BELOW

VOS - PILLAR Membership Levels:

Pillar memberships includes High Holy Day access for two adults and your dependent children under the age of 18 and/or your dependent college students under the age of 26 and is a tax-deductible way to support VOS.

*Ner Tamid (Eternal Light) – \$ 18,000 \$ _____

*Magen David (Protector) – \$ 10,000 \$ _____

*Mitzvah (Giver) – \$ 5,000 \$ _____

*Double Chai – \$ 3,600 \$ _____

*Sustaining Member - \$2,500 \$ _____

VOS Membership Levels:

Memberships w/children includes High Holy Day access for two adults for Family memberships or one adult for a single membership and your dependent children, under the age of 18 and/or your dependent college students under the age of 26

*Family Membership w/children: - _____ @ \$ 1,975 \$ _____

(25% Discount for Jewels families) _____ @ \$ 1,480 \$ _____

*Single Membership w/children: - _____ @ \$ 995 \$ _____

(25% Discount for Jewels families) _____ @ \$ 746 \$ _____

Subtotal (Transfer this amount to other side) \$ _____

For Office Use Only
Access Code or
Door/Section/Row/Seat

_____/_____/_____/_____/_____

Subtotal (Transferred from other side) \$ _____

VOS Membership Levels (continued):

Newlywed Membership: - \$0

If married this year by our Rabbi or Chaplain. Includes 2 Adult High Holy Day access. \$ 00.00

Couple Memberships include – 2 Adult High Holy access. Single Memberships include 1 High Holy Day access.

Couple Membership (no children): - _____ @ \$ 1,490 \$ _____
Single Membership (no children): - _____ @ \$ 745 \$ _____
Senior Couple Membership (over 65): - _____ @ \$ 1,190 \$ _____
Senior Single Membership (over 65): - _____ @ \$ 595 \$ _____
Individual member tickets: - _____ @ \$ 120 \$ _____
Individual non-member tickets: - _____ @ \$ 250 \$ _____
Children's tickets - _____ @ \$ 110 \$ _____

For dependent children under the age of 18 or dependent college students under age 26.

Security fee – Family & Couples membership: - \$ 150.00
Less credit if Single membership – reduce by \$ 75.00 \$ ()

Optional Membership Selections:

High Holiday Prayer Books _____ @ \$15 = \$ _____

Mailed Subscription to VOS Newsletter *The Outreach* _____ @ \$36 \$ _____
(E-mailed Valley Outreach Monthly Newsletter is free)

Men's Club \$36 \$ _____

Sisterhood \$36 \$ _____

Additional Mitzvah Contribution \$ _____

Total Amount \$ _____

Must complete below for dependent children

(Children's section of Membership Application below MUST BE COMPLETED for accurate information).

Please Complete this Section

Children's Names (Please print)		Birth date	Grade
<u>First Name</u>	<u>Last Name</u>	<u>(MM/DD/YR)</u>	<u>in school</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Valley Outreach Synagogue
& CENTER FOR JEWISH LIFE

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info@vosla.org

Membership Payment Form

PAYMENT OPTIONS (select one)

- My check in full payable to Valley Outreach Synagogue is enclosed
- Please charge my credit card for the full amount
- Please charge 10 monthly payments to my credit card
- Please charge 50% to my credit card now and the balance on December 15, 2021

Paying by: ___ cash ___ check **OR**

Please charge my ___ Visa ___ Mastercard ___ American Express ___ Discover

If paying by credit card, we kindly ask that you reimburse VOS for the cost of processing your credit card transaction.

- Please check here to confirm that Valley Outreach Synagogue will be adding a 3% charge when paying with credit card to cover the credit card processing fees.

\$ _____

Credit Card # _____ Exp. Date _____

Signature _____ Billing Zip Code _____ CVV _____

Please Print Your Name _____

Phone Number () _____ - _____

Email Address _____

Each person who signs this form agrees: (a) To be responsible for the specified payments for the year of July 1, 2021-June 30, 2022; (b) That due to advance planning and budgeting for the year, the Synagogue does not prorate or offer refunds for dues, fees or tuition; and (c) That each of the undersigned must remain a member in good standing, and fulfill all financial commitments to Valley Outreach Synagogue, to receive services including VOS educational programs, High Holy Day access or maintaining Bar/Bat Mitzvah dates.