



& Center for Jewish Life

Membership Application 2023-2024 (5784)

26668 Agoura Road, Calabasas, CA 91302

Office (818) 882-4867 www.vosla.org

For Office Use Only

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)

VOS PILLAR Membership Levels:

Pillar memberships includes High Holy Day reserved section seating for two adults and your dependent children under the age of 18 and/or your dependent college students under the age of 23 and is a tax-deductible way to support VOS. These memberships can include various other perks. Please see the detailed Membership Packages for what is included in each level.

<u>Eternal Light Pillar Level includes Security Fee</u>	\$ 18,000	\$ _____
<u>Protector Pillar Level includes Security Fee</u>	\$ 10,000	\$ _____
<u>Giver Pillar Level includes Security Fee</u>	\$ 5,500	\$ _____
<u>Double Chai Pillar Level plus Security Fee</u>	\$ 3,600	\$ _____
<u>Sustaining Pillar Level plus Security Fee</u>	\$ 3,000	\$ _____

VOS Membership Levels:

Memberships w/children includes High Holy Day access for two adults for 2 adult households or one adult for a single adult household and your dependent children, under the age of 18 and/or your dependent college students under the age of 23

<u>2 Adult Household Membership w/children: -</u>	@ \$ 2,200	\$ _____
(25% Discount for Jewels families)	@ \$ 1,650	\$ _____
<u>1 Adult Household Membership w/children: -</u>	@ \$ 1,125	\$ _____
(25% Discount for Jewels families)	@ \$ 845	\$ _____

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

Subtotal (Transferred from other side

\$ _____

VOS Membership Levels (continued):

Newlywed Membership:

Non-members if married this year by our Clergy. Includes 2 Adult High Holy Day tickets.

\$ **00.00** _____

2 Adult Households include – 2 Adult High Holy tickets. 1 Adult Households include 1 High Holy Day ticket.

2 Young Adult Household (under age 36 no children): @ \$ 690 \$ _____

1 Young Adult Household (under age 36 no children): @ \$ 325 \$ _____

2 Adult Household (over age 35 no children): @ \$1,850 \$ _____

1 Adult Household (over age 35 no children): @ \$ 920 \$ _____

2 Adult Household (over 65): @ \$1,400 \$ _____

1 Adult Household (over 65): @ \$ 715 \$ _____

Individual member tickets: - _____ @ \$ 180 \$ _____

Individual non-member tickets: - _____ @ \$ 360 \$ _____

Security Fee – 2 Adult Household: @ \$350 \$ _____

Security Fee – 1 Adult Household: @ \$175 \$ _____

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)

First Name

Last Name

Birth date

(MM/DD/YR)

Grade

in school

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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& 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, 2023

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, 2023-June 30, 2024; (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 tickets or maintaining Bar/Bat Mitzvah dates.