



# Membership Application & Education Center Registration

July 1, 2018 to June 30, 2019

## New Member Information

Mr.  Mrs.  Ms. \_\_\_\_\_  
 Dr.  Other \_\_\_\_\_ Member 1 First Name Last Name

Mr.  Mrs.  Ms. \_\_\_\_\_  
 Dr.  Other \_\_\_\_\_ Member 2 First Name Last Name

Marital Status:  Married/Anniversary: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Single  Widowed  Divorced  Separated

Address

\_\_\_\_\_  
City State Zip Home Phone

How did you hear about us?

Current/Previous Synagogue Affiliation

Referred by

Relationship

### Member 1

### Member 2

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Occupation

Occupation

Business Name

Business Name

Hebrew Name

Hebrew Name

Work Phone Number

Work Phone Number

Cell Phone Number

Cell Phone Number

Email Address

Email Address

Religious Tradition in which you were raised:

Religious Tradition in which you were raised:

Conservative  Orthodox  Reconstructionist

Conservative  Orthodox  Reconstructionist

Reform  Other: \_\_\_\_\_

Reform  Other: \_\_\_\_\_

## Children

Full Name \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
If Student, Name of School

Full Name \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
If Student, Name of School

Full Name \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
If Student, Name of School

Full Name \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
If Student, Name of School

## Yahrzeit Observances

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Relationship

Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Before Sundown

Hebrew Date of Death: \_\_\_\_\_

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Relationship

Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Before Sundown

Hebrew Date of Death: \_\_\_\_\_

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Relationship

Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Before Sundown

Hebrew Date of Death: \_\_\_\_\_

\_\_\_\_\_  
Name of Deceased

\_\_\_\_\_  
Relationship

Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Before Sundown

Hebrew Date of Death: \_\_\_\_\_

## What Brings You to Shomrei Torah Synagogue?

## Talents, Skills & Interests

**A. Membership Registration** - Please select your registration category and enter total below.

<u>Category</u>	<u>Monthly Cost</u>	<u>Annual Cost</u>
<b>Regular Family</b> - <i>Either at least one child is 8 years of age or older or at least one adult is 35 or older as of 7/1/18.</i>		
<input type="checkbox"/> Two Adult Household	\$263.58	\$3,163
<input type="checkbox"/> One Adult Household	\$143.50	\$1,722
<b>Young Family</b> - <i>Either all children are under 8 years of age or both adults are under 35 years old as of 7/1/18.</i>		
<input type="checkbox"/> Two Adult Household	\$206.75	\$2,481
<input type="checkbox"/> One Adult Household	\$109.00	\$1,308
<b>Day School Family</b> - <i>At least one child attending Day School.</i>		
<input type="checkbox"/> Two Adult Household	\$195.67	\$2,348
<input type="checkbox"/> One Adult Household	\$ 92.25	\$1,107
<b>Senior</b> - <i>At least one adult aged greater than 65.</i>		
<input type="checkbox"/> Two Adult Household	\$127.83	\$1,534
<input type="checkbox"/> One Adult Household	\$ 75.58	\$ 907
<b>Associate</b> - <i>Supporters of Shomrei Torah Synagogue. Full paying membership at a different synagogue.</i>		
<input type="checkbox"/> Two Adult Household	\$ 48.83	\$ 586
<input type="checkbox"/> One Adult Household	\$ 25.75	\$ 309
<b>New Early Childhood Education Center Family</b> - <i>A new family to STS &amp; the ECEC.</i>		
<input type="checkbox"/>	\$ 92.00	\$1,104
<b>New Religious School Family</b> - <i>A new family to STS enrolling a child in kindergarten, 1<sup>st</sup> or 2<sup>nd</sup> grade.</i>		
<input type="checkbox"/>	\$ 92.00	\$1,104

**a. Dues Annual Total: \$ \_\_\_\_\_**

**B. Community Memberships**

<u>Membership</u>	<u>Annual Cost</u>	
<input type="checkbox"/> Sisterhood	\$42	\$ _____
<input type="checkbox"/> Men's Club	\$36	\$ _____
<input type="checkbox"/> HAZAK Seniors (65+)	\$25	\$ _____
<input type="checkbox"/> USY (Grades 7-12)	\$60	\$ _____
<input type="checkbox"/> Kadima (Grades 4-6)	\$45	\$ _____

**b. Community Memberships Annual Total: \$ \_\_\_\_\_**

**C. Jewish Learning Community** - Please select your registration categories and total at right.

<u>Category</u>	<u>Monthly Cost</u>	<u>Annual Cost</u>	<u>Annual Cost</u>
<b>Kindergarten/1<sup>st</sup> Grade</b>			
<input type="checkbox"/> Sunday Classes Only	\$53.00	\$530	\$ _____
<b>2<sup>nd</sup> Grade</b>			
<input type="checkbox"/> Sunday & Tuesday Classes	\$82.00	\$820	\$ _____
<b>3<sup>rd</sup>-7<sup>th</sup> Grade</b>			
<input type="checkbox"/> Child 1 - Sunday & Tuesday Classes	\$118.00	\$1,180	\$ _____
<input type="checkbox"/> Child 2 - Sunday & Tuesday Classes	\$106.50	\$1,065	\$ _____
<input type="checkbox"/> Child 3 - Sunday & Tuesday Classes	\$100.50	\$1,005	\$ _____
<b>c. Jewish Learning Community Annual Total:</b>			<b>\$ _____</b>

**Payment Information**

**Registration Totals**

- a. Dues Annual Total: \$ \_\_\_\_\_
- b. Community Memberships Annual Total: \$ \_\_\_\_\_
- c. Jewish Learning Community Annual Total: \$ \_\_\_\_\_

**Add lines a, b & c:**

<b>Annual Total</b>	<b>\$ _____</b>
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**Payment Options**

- I would like to pay in full with my application.
- 10(tuition)/ 12(dues) monthly payments of \$ \_\_\_\_\_ (dues) \_\_\_\_\_ (tuition) deducted on the 1<sup>st</sup> day of each month.

I/we understand that we are entitled to all membership rights and privileges by maintaining our financial obligations in good standing. Rights and privileges may be suspended if dues, fees or school tuitions are in arrears 60 days or more.

**My/our signature(s) on this Membership, Religious School and ECEC Agreement obligates me/us to pay the Membership dues, Religious School and ECEC tuition for the July 1, 2018 – June 30, 2019 fiscal year in full by June 30, 2019.**

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**Credit Card Authorization**

I/we hereby authorize our full monthly fees to be charged each month, on or about the 1<sup>st</sup> day of each month, on the following card:

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Billing Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date