



# Membership Application 2011-2012 (5771-5772)

(Membership year through June 30, 2012)

Please fill this form out completely. Do **NOT** say "same as last year." Thank you!

## Demographic Information (please print)

Name(s): [1] \_\_\_\_\_ [2] \_\_\_\_\_

Hebrew Name(s): [1] \_\_\_\_\_ [2] \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

For family membership, please indicate [1] or [2] on **phones** if they're for one member only.

E-mail Address(s): [1] \_\_\_\_\_ [2] \_\_\_\_\_

Birthday(s): [1] \_\_\_\_\_ [2] \_\_\_\_\_ Anniversary: \_\_\_\_\_

Occupation (optional): [1] \_\_\_\_\_ [2] \_\_\_\_\_

Children in household (name, age): \_\_\_\_\_

## Use of your name(s)

Or Chadash will not release the name or contact information for any member without his or her explicit permission. However a member's name or photograph may appear in the newsletter (distributed electronically), on the website or other electronic venues.

[1] \_\_\_\_\_ I request that my name/photograph not appear on the website or other electronic venues or in the newsletter. \_\_\_\_\_ (signature)

[2] \_\_\_\_\_ I request that my name/photograph not appear on the website or other electronic venues or in the newsletter. \_\_\_\_\_ (signature)

## Membership Directory Listing

Please indicate how you would like to be listed in the Membership Directory. The directory is distributed electronically only to Or Chadash members.

[1] Print name to be listed: \_\_\_\_\_ Include  home phone  cell phone  email  address

[2] Print name to be listed: \_\_\_\_\_ Include  home phone  cell phone  email  address


[1] \_\_\_\_\_ Please do not include my name and contact information in the membership directory distributed to the general membership. \_\_\_\_\_ (signature)

[2] \_\_\_\_\_ Please do not include my name and contact information in the membership directory distributed to the general membership. \_\_\_\_\_ (signature)

## Yahrzeit Information

To have the Yahrzeit information for your loved one(s) appear in the Calendar, to receive Yahrzeit reminder cards and for their names to appear in the Yiskor Memorial Booklet on Yom Kippur, complete the information below, using your choice of Hebrew or secular date. (If you only know the secular date, but wish to be notified on the corresponding Hebrew date, list the secular date you know and check the **CONVERT DATE** box.) Please use another sheet for additional names.

Name _____	Relationship _____	Date _____	<b>CONVERT DATE</b> <input type="checkbox"/>
Name _____	Relationship _____	Date _____	<input type="checkbox"/>
Name _____	Relationship _____	Date _____	<input type="checkbox"/>

See page 2. 

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## Annual Membership Dues

The Membership Dues are as follows. Please choose the level that is appropriate for you and your family.

Membership Level	Membership Dues
Individual	\$605
Family	\$1035
Under 30/Student	\$300
Under 30/Student Family	\$510

If it suits your budget, you can also add an additional amount to your dues, no matter what the level. If you add \$200 or more to your dues amount, you can attend two (2) free classes during the membership year. You could also choose to sponsor an Oneg Shabbat during the year to celebrate, congratulate, or commemorate events in your life. Oneg sponsorship (\$125 per) entitles you to vocal recognition at the requested Shabbat service, written acknowledgement in that week's announcements, the appropriate monthly newsletter distributed to the Congregation, as well as at Board Meetings.

Annual Dues \_\_\_\_\_ + Additional Contribution \_\_\_\_\_ = **Total** \_\_\_\_\_

Dates (s) of Oneg sponsorship, if applicable \_\_\_\_\_

## Payment Information

Paying by check – Payment in full is enclosed with either one check or enclosing post-dated checks covering all payments (make check payable to Congregation Or Chadash)

Paying by credit/debit card (Visa, MasterCard, Discover):

Please charge my credit/debit card payment in full.

Please bill me in (circle one) 2, 4, 6 or 10 equal monthly installments.\*

Paying by recurring online payments through online checking account

\* Monthly installment plan available with Credit /Debit Card payments or complete set of post dated checks. The maximum number of installments depends on the date of application. In no case may payments extend beyond our fiscal year of June 30, 2012.

I authorize you to bill my credit/debit card per my instructions above.

Credit card number: \_\_\_\_\_ Security code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing address \_\_\_\_\_ Zip code \_\_\_\_\_

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

It is our custom that no one be turned away from membership for financial reasons. If you require consideration please contact one of the Co-presidents for a confidential conversation.

**Save a few trees** - Our policy is to send our monthly newsletter to members via E-mail.

Please send me a paper copy of the monthly newsletter instead of using e-mail.

**Volunteer Interests**  other interests/pursuits: \_\_\_\_\_

<input type="checkbox"/> Ritual Committee	<input type="checkbox"/> Education Committee	<input type="checkbox"/> Membership Committee
<input type="checkbox"/> Service Leader	<input type="checkbox"/> Development Committee	<input type="checkbox"/> Gala
<input type="checkbox"/> Torah Reader	<input type="checkbox"/> Social Action Committee	<input type="checkbox"/> Social Events
<input type="checkbox"/> Choir	<input type="checkbox"/> Chesed Brigade (providing help for those who are ill or in mourning)	<input type="checkbox"/> Hospitality