



Membership Application 2009-2010 (5769-5770)

(Membership year through June 30, 2010)

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

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), phone numbers, e-mail address

Please sign below if we may use your name in our member directory, newsletter and other mailings. Names are for congregational purposes only; we do not permit commercial use of this information.

We need the signature of each member _____

CHECK THESE BOXES TO INCLUDE YOUR INFORMATION.

[1] Print name as you would like it listed _____ include home phone cell phone email

[2] Print name as you would like it listed _____ include home phone cell phone email

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.

CONVERT
DATE

Name _____ Relationship _____ Date _____

Name _____ Relationship _____ Date _____

Name _____ Relationship _____ Date _____

Annual Membership Dues

- Single: \$575.00 Family: \$985.00
- Single under 30: \$285.00 Family under 30 (both members): \$485.00

****Those making an additional contribution of \$200.00 or more are entitled to 2 free class registrations in the coming year.**

Payment may be made in one lump sum or may be spread over multiple months. See page 2 for details.

Annual Dues _____ + Additional Contribution** _____ = **Total** _____

See page 2.

Or Chadash Membership Application 2009-2010 (5769-5770) – page 2

Name(s) _____

Payment Information

- Paying by check – Payment in full is enclosed (make check payable to Congregation Or Chadash)
- Paying by credit card (Visa, MasterCard, Discover)
 - Please bill me now for payment in full.
 - Please bill me in (circle one) 2, 4, 6 or 10 equal monthly installments.*

*Monthly installment plan available with Credit Card payments only. The maximum number of installments depends on the date of application. In no case may payments extend beyond our fiscal year June 30, 2010.

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

Credit card type: Visa MasterCard Discover

Credit Card Number: _____ Security Code: _____

Name as it appears on card _____

Billing address _____ Zip Code _____

Expiration Date _____ Signature _____

Security code is 3 additional digits, usually found on the back of your card.

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 Interest

We need you. Become a more active member of the community by volunteering!

For more details on these volunteer opportunities, see the Volunteer page on our website.

- | | |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Development Committee | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> Choir |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Gala |
| <input type="checkbox"/> Ritual Committee | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Social Action Committee / <i>Chesed</i>
(<i>Chesed</i> : loving-kindness) | <input type="checkbox"/> Service Leader |
| | <input type="checkbox"/> Torah Reader |

Other: _____

Please bring or mail the completed form to the address below.

Congregation Or Chadash
5959 N. Sheridan Road, Chicago, Illinois 60660
773-271-2148 office@OrChadash.org www.OrChadash.org