

Most recent synagogue membership:

CHILDREN

Name 1:

Name 2:

Date of Birth ____ / ____ / ____

Date of Birth ____ / ____ / ____

Hebrew Name

Hebrew Name

email:

email:

Name 3:

Name 4:

Date of Birth ____ / ____ / ____

Date of Birth ____ / ____ / ____

Hebrew Name

Hebrew Name

email:

email:

Yahrzeits

Name of loved one

Name of loved one

Relative of

Relative of

Relationship

Relationship

Date of Death ____ / ____ / ____

Date of Death ____ / ____ / ____

____ Before Sunset ____ After Sunset

____ Before Sunset ____ After Sunset

Name of loved one

Name of loved one

Relative of

Relative of

Relationship

Relationship

Date of Death ____ / ____ / ____

Date of Death ____ / ____ / ____

____ Before Sunset ____ After Sunset

____ Before Sunset ____ After Sunset

(use additional sheet for more yahrzeits)

(use additional sheet for more yahrzeits)

May we publish your/your family's address, home #, cell #, email in our directory? Yes _____ No _____
May we use photos of you/your family on our social media pages? Yes _____ No _____

Next to each item, please indicate who in your family would like to help in the following areas. Use A1, A2, C1, C2, etc.

- | | |
|-------------------------------------|-------------------------|
| _____ Accounting | _____ Haftarah Chanting |
| _____ Artistic | _____ Legal |
| _____ Baking | _____ Membership |
| _____ Bikur Cholim | _____ Office Volunteer |
| _____ Building & Grounds | _____ Photography |
| _____ Carpentry | _____ Public Relations |
| _____ Computers | _____ Ritual |
| _____ Cooking | _____ Security |
| _____ Chesed | _____ Social Activities |
| _____ Editing/Proofreading | _____ Torah Reading |
| _____ Education ___ Youth ___ Adult | _____ Usher/Greeter |
| _____ Event Planning | _____ Youth Activities |
| _____ Fundraising | _____ Other _____ |
| _____ Grant Writing | |

Traditional Congregation has evening minyan on Tuesdays and morning services on Shabbat/holydays. Members have the opportunity to attend and their presence is crucial to enabling a fellow community member to recite the Mourner's Kaddish.

May we contact you to help make a minyan?
_____ For Shabbat Morning _____ For Weeknight Evening

Please contact me through
WhatsApp _____ Phone () _____

TRADITIONAL CONGREGATION ANNUAL MEMBERSHIP DUES

CATEGORY	AMOUNT
Family	\$2,318
Individual	\$1,652
Young Family (under 30)	\$1,319
Young Individual	\$987
Senior Family	\$1,319
Senior Individual	\$987
Associate Member	½ category rate

If applying for Associate Membership, please provide the following for your primary synagogue:

Name of Synagogue _____

Address _____

Rabbi's Name and phone number _____

Building Fund Assessment

The Building Fund assessment is \$2,000.000 payable over five (5) years. Payment is deferred during the first year of membership, with the first installment payable during the second full year of membership. The Building Fund assessment does not begin until one head of household attains the age of 30.

For members over 65, the Building Fund assessment is \$1,000.00, payable over five (5) years. Payment is deferred during the first year of membership, with the first installment payable during the second year of membership.

It is the policy of Traditional Congregation that no one be excluded from membership for financial reasons! Please provide other comments or special circumstances we should be aware of:

Signature Adult #1 _____ Date _____

Signature Adult #2 _____ Date _____

FOR OFFICE USE ONLY

Date received: _____ Date Board approved: _____ Rabbi's approval: _____

Membership category: _____ Check received \$ _____ # _____

Welcome Letter _____ Rakefet _____ Constant Contact _____ Email _____ WhatsApp _____