



MEMBERSHIP APPLICATION & EDUCATION CENTER REGISTRATION
JULY 1, 2019 TO JUNE 30, 2020

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>
REGULAR FAMILY - <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	\$282.46	\$3,390
<input type="checkbox"/> One Adult Household	\$153.41	\$1,841
YOUNG FAMILY - <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	\$223.35	\$2,680
<input type="checkbox"/> One Adult Household	\$117.53	\$1,410
DAY SCHOOL FAMILY - <i>At least one child attending Day School.</i>		
<input type="checkbox"/> Two Adult Household	\$211.83	\$2,542
<input type="checkbox"/> One Adult Household	\$100.11	\$1,201
SENIOR - <i>At least one adult aged greater than 65.</i>		
<input type="checkbox"/> Two Adult Household	\$141.28	\$1,695
<input type="checkbox"/> One Adult Household	\$ 82.77	\$ 993
ASSOCIATE - <i>Supporters of Shomrei Torah Synagogue. Full paying membership at a different synagogue.</i>		
<input type="checkbox"/> Two Adult Household	\$ 59.12	\$ 709
<input type="checkbox"/> One Adult Household	\$ 30.95	\$ 371
NEW RELIGIOUS SCHOOL FAMILY - <i>A new family to STS enrolling a child in kindergarten, 1st or 2nd grade.</i>		
<input type="checkbox"/>	\$104.01	\$1,248

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>	
KINDERGARTEN/1ST/2ND GRADE			
<u>Annual Cost</u>			
<input type="checkbox"/> Sunday Classes Only	\$ 57.50	\$ 575	\$ _____
3RD-7TH GRADE			
<input type="checkbox"/> Child 1 - Sunday & Tuesday Classes	\$127.50	\$1,275	\$ _____
<input type="checkbox"/> Child 2 - Sunday & Tuesday Classes	\$115.00	\$1,150	\$ _____
<input type="checkbox"/> Child 3 - Sunday & Tuesday Classes	\$109.00	\$1,090	\$ _____

c. Jewish Learning Community Annual Total: \$ _____

PAYMENT INFORMATION

REGISTRATION TOTALS

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

Add lines a, b & c:

Annual Total	\$ _____
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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) charged on the 1st 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, 2019 – June 30, 2020 fiscal year in full by June 30, 2020.

Signature(s)

Date

CREDIT CARD AUTHORIZATION

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

Credit Card #

Security Code

Expiration Date

Billing Zip Code

Signature

Date