



MEMBERSHIP APPLICATION 5772 (2011-2012)

"I come to show you a new way... that is ancient" --Rabbi Nachman of Breslov

Please print clearly:

Name(s) to use on mailing label _____

Address _____

Phone (home) _____ Fax (home) _____

Phone (cell) _____

How did you hear about us? _____

ADULT 1

ADULT 2

Name _____

Name _____

Hebrew Name _____

Hebrew Name _____

Email _____

Email _____

Date of Birth _____

Date of Birth _____

How I identify: Traditional Reform Cultural Conservative Reconstructionist Non-Jewish

How I identify: Traditional Reform Cultural Conservative Reconstructionist Non-Jewish

Other: _____

Other: _____

Marital Status _____

Marital Status _____

Anniversary (if applicable) _____

Anniversary (if applicable) _____

Retired? _____

Retired? _____

Occupation _____

Occupation _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Business Fax _____

Business Fax _____

Organizations of which I am a member:

Organizations of which I am a member:

.....

Yahrzeit Information:

Please list loved ones names, which will be read at Shabbat services during the Hebrew month that corresponds to the yahrzeit (anniversary of death).

1ST PERSON

Name _____
Relationship _____
Date of death (Day, Month, Year) _____
Died before sundown? _____
Hebrew date of death (if known) _____

Name _____
Relationship _____
Date of death (Day, Month, Year) _____
Died before sundown? _____
Hebrew date of death (if known) _____

Name _____
Relationship _____
Date of death (Day, Month, Year) _____
Died before sundown? _____
Hebrew date of death (if known) _____

2ND PERSON

Name _____
Relationship _____
Date of death (Day, Month, Year) _____
Died before sundown? _____
Hebrew date of death (if known) _____

Name _____
Relationship _____
Date of death (Day, Month, Year) _____
Died before sundown? _____
Hebrew date of death (if known) _____

Name _____
Relationship _____
Date of death (Day, Month, Year) _____
Died before sundown? _____
Hebrew date of death (if known) _____

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WHAT PASSIONS, INTERSTS OR SKILLS DO YOU HAVE THAT YOU WOULD LIKE TO EXERCISE AT THE NEW SHUL?

THE NEW SHUL IS A COMMUNITY WHOSE STRENGTH DEPENDS ON PARTICIPATION FROM ITS MEMBERS AND AGREE TO HELP WITH THE FOLLOWING. I'M HAPPY TO PARTICIPATE. (Please select at least one):

ADULT 1 ADULT 2

- _____ _____ **Shabbat Mensch**
Help set up, clean up, greet people at services
- _____ _____ **Community Service**
Help us do something that will make a difference in the world
- _____ _____ **Fund Raising**
Help us get funds into our checkbook
- _____ _____ **Team Rishonim**
Take an active role in your child's education
- _____ _____ **Event Coordinator**
Help bring our creative special programs to life
- _____ _____ **Membership**
Help welcome new members into our community. This is a GREAT way to get involved!

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IF YOU ARE A FULL-TIME STUDENT (over 18):

School _____ Expected year of graduation _____
Major/area(s) of concentration _____

CHILDREN INFORMATION:

Name _____

School _____ Grade _____

Date of Birth _____ Gender _____

Name _____

School _____ Grade _____

Date of Birth _____ Gender _____

Name _____

School _____ Grade _____

Date of Birth _____ Gender _____

Children's Address (if different from parent) _____

Children's Phone (if different from parent) _____

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MEMBERSHIP CHARGES:

Please enroll me/us in the following membership category:

- Individual
- Young Adult
- Family
- Full-Time Student
- Associate (living outside of the tri-state area)

I/we have reviewed using the dues schedule and I/we have determined that my/our "Fair Share Dues" for 2011-2012 are in the amount of \$ _____

I/We want to support The New Shul with an additional tax-deductible contribution in the amount (suggested 10% of dues) of \$ _____

TUITION CHARGES:

Tuition to Rishonim for the 2011-2012 school year is **\$850** per child. I/we are simultaneously submitting Rishonim Applications for _____ child(ren) and agree to pay Rishonim Tuition in the amount of \$ _____

Tuition to B'nai Mitzvah Academy for the 2011-2012 school year is **\$950** per child. I/we are simultaneously submitting Applications for _____ child(ren) and agree to pay BMA Tuition in the amount of \$ _____

I/We would like to help the community and agree to make a mitzvah gift to the Scholarship Fund to help send a child to Rishonim or BMA in the amount (suggested in multiples of \$180) of \$ _____

TOTAL DUES, TUITION AND OTHER PLEDGES: \$ _____

Membership dues, tuition and other charges may be paid in either a Lump Sum or Four Equal Payments. If you select the Lump Sum Plan, you agree to pay your dues and charges in a single payment no later than August 5, 2011. If you select the Four Payment Plan, you agree to pay your dues and charges in four equal monthly payments due on the 5th of August and 1st of, September, October and November 2011. In either case, all payments are due on the dates indicated. Failure to make payment by the due date may result in loss of New Shul membership benefits.

The success and continuation of a sliding scale dues policy relies on the accurate calculation of dues by all New Shul members in accordance with the Fair Share Dues schedule attached. **By signing below you represent that you have reviewed the attached Fair Share Dues schedule and the above dues have been calculated in accordance with that schedule based on the total Total Gross (Pre-Tax) Household Income (of all household adults (even if only one adult in the household is a New Shul member)).**

- I/we select the LUMP SUM PLAN and enclose my/our payment of \$ _____
- I/we select the FOUR PAYMENT PLAN and enclose my/our first payment of \$ _____

I/We understand and accept the responsibilities of membership in The New Shul community and agree to pay the dues, tuition and other charges in accordance with all applicable terms and conditions.

Signature _____ Date _____

Please return this Membership Application and your payment (in full or for the first one-fifth payment) payable to The New Shul no later than September 15th, 2011.