

# UNIVERSITY SYNAGOGUE

Founded 1943, Member of the Union for Reform Judaism

## MEMBERSHIP APPLICATION

11960 Sunset Boulevard, Los Angeles, CA 90049

(310) 472-1255

(310) 476-3237 fax

*Welcome to our congregation! We are delighted that you have chosen to become part of our community. We hope that you will find membership an enriching experience, and we encourage you to explore the diverse opportunities for Jewish expression that University Synagogue offers. Please call upon our clergy, staff and lay leaders are ready to assist you in becoming part of our congregation family. No one is ever turned away for legitimate financial reasons.*

**Personal Information – all information in this application will be treated confidentially. Please call our office at (310) 472-1255 with any questions or for assistance in filling out this application.**

	Adult Applicant 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Adult Applicant 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____ (date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Hebrew Name (if known)		
Date of Birth		
Home Address		
City, State Zip		
Home Phone		
Cell Phone		
Email		
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you converted to Judaism, Date, Congregation, City		
Congregation most recently affiliated with		
Please list any relatives who are members of University Synagogue		
Have you ever been a member of University Synagogue? If so, when?		

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Fax		
Business Email		

Children's Information				
	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle names				
Last name (if different)				
Hebrew name (if known)				
Birthdate (and grade if applicable)				
Address (if not living with you)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religious School at University Synagogue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If previously attending Religious School, list City and Congregation				
Bar/Bat Mitzvah: Date, Congregation, City				
Confirmation: Date, Congregation, City				

If you have more than four children, please attach an additional page.

**NOTE:** *As some of our members are divorced or separated, University Synagogue wants to be sensitive to the impact this may have on the children involved. Therefore, recognizing that your former spouse/partner may still have a relationship with your child(ren) - especially in joint custody situations - we would like to include them on all synagogue mailing pertaining to your child(ren). Please provide us with your former spouse's name and contact information below:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Yahrzeit Information		
Name	Date of Death Before/ After sundown	Family Relationship

Please attach a separate sheet for additional names.

**Emergency Contact Information (Other than Applicant Members)**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Dr. Name & Phone: \_\_\_\_\_

Health Care Proxy: \_\_\_\_\_

**Opportunity for Participation**

We encourage all congregants to become involved in all aspects of life in our Temple community. In furthering this ideal, we request that upon signing this application you commit to participate in Temple life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the Temple and will make your temple experience more meaningful. You will be contacted by a Temple member with more information.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adult Choir                                       | <input type="checkbox"/> Havurot                                      | <input type="checkbox"/> RSVP (Religious School Parent Volunteer)            |
| <input type="checkbox"/> Adult Education                                   | <input type="checkbox"/> Israel Action (support & learn about Israel) | <input type="checkbox"/> Sisterhood  |
| <input type="checkbox"/> Brentwood Havurah (20s-30s community)             | <input type="checkbox"/> Membership & Outreach                        | <input type="checkbox"/> Silver Generation (programs for 60+)                |
| <input type="checkbox"/> Capital Campaign (building renovation)            | <input type="checkbox"/> Mitzvah Corps (caring for congregants)       | <input type="checkbox"/> Tikkun Olam (social action projects)                |
| <input type="checkbox"/> College Connection (keeping in touch w/ students) | <input type="checkbox"/> PAL (Preschool Parent Assistant League)      | <input type="checkbox"/> Ways & Means (helping sustain & support our Temple) |

**Talent and Interest Survey**

- Cooking/Baking  Music  Dancing  Painting/Art/Crafts/ Sewing/Needlework  Gardening  
 Electrical  Public Relations  Plumbing  Carpentry  Other \_\_\_\_\_

I/We, \_\_\_\_\_, am/are applying to become a member of University Synagogue.

Member #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Member #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Please see reverse side >>>>>>

**MEMBERSHIP COMMITMENT 2011/2012 5771/5772**

**Member Name (Print):** \_\_\_\_\_

*We value your membership and are delighted that you have made the decision to be a part of our Synagogue Family! As you consider your membership at University Synagogue, you will note that our Dues Policy enables you to contribute in one of two ways: either at our Minimum Dues level of \$2,100 or, if your financial circumstances permit, to join one of our Pillar Giving Circles. When you join a Pillar Circle, you are contributing at a level of commitment that helps to ensure the highest quality of Synagogue Programming and Service to our congregants. Your generosity also makes it possible for us to extend membership to those in financial need. It is our hope that all members will contribute to the best of their ability so that together we can enjoy strength and fulfillment from our spiritual home.*

**Standard Membership**

**Pillar Circles\***

Membership \$2,280\*\*   
*\*\* Reduced membership dues are available to those under 30 (no children in our schools) and those requiring financial consideration. Please contact the Synagogue Office.*  
 Membership (from above) \$ \_\_\_\_\_  
 Security Fee (Mandatory) \$ \_\_\_\_\_ 375  
 Facilities Maintenance Fund \$ \_\_\_\_\_ 300  
*(Mandatory to \$1,500)*  
 TOTAL DUE \$ \_\_\_\_\_  
 Amount Paid Now \$ \_\_\_\_\_  
*(50% deposit required)*  
 BALANCE DUE \$ \_\_\_\_\_

Menorah \$2,780 and above   
 Shofar \$3,600 and above   
 Magen David \$5,000 and above   
 Ner Tamid \$10,000 and above   
 Chai \$18,000 and above   
 Torah \$25,000 and above

*\* It is beneficial to our Synagogue to publicly recognize your generosity as a Pillar Member. If you do not wish to be so recognized, please check here*

SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_

*By signature, I/we agree and understand that I am (we are) responsible for the agreed upon dues and tuition payments for the year of July 1, 2011 - June 30, 2012, and understand that due to necessary salary planning and budgeting for the year, the Synagogue does not prorate or offer refunds for dues, fees or tuition. I/we also agree that I/we must remain a member(s) in good standing, having fulfilled all financial commitments to University Synagogue, in order to receive services including school attendance, High Holy Day tickets, or maintaining Bar/Bat Mitzvah dates.*

**PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS:**

- I authorize the balance due to be charged to my credit card below on December 15, 2011 OR
- or five (5) month payment plan using F.A.C.T.S. starting August, 2011. (F.A.C.T.S. will automatically deduct a one-time \$41 processing fee in August)

**CREDIT CARD AUTHORIZATION**

CARDHOLDER'S NAME: \_\_\_\_\_  
 CREDIT CARD:  Visa  MasterCard  
 CARD NUMBER: \_\_\_\_\_  
 EXP. DATE: \_\_\_\_\_  
 CVV# (Last 3 digits from the back of the card) \_\_\_\_\_  
 DONATION OF 3% to cover credit card expense)  Yes  No  
 AMOUNT TO BE CHARGED: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

BILLING ADDRESS (if different from home) \_\_\_\_\_