

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

Personal Information – All information in this application will be treated confidentially. Please call our office at (310) 471-1255 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		
Birthplace		
Home Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email		
Former city and state of residence		
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 or currently affiliated with		
Please list any relatives who are members of University Synagogue		
Have you ever been a member of University Synagogue? If so, when?		
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 name				
Last name (if different)				
Hebrew name (if known)				
Birth date (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 attended Religious School, list Congregation and City				
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 mailings 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)

Member Name(s): _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Dr. Name & Phone: _____

Health Care Proxy _____

In order for us to better meet your needs, please use the space below for any additional information you would like us to know about yourself and your family.

I/We, _____, am/are applying to become a member(s) of University Synagogue.

Member #1 Signature _____ Date _____

Member #2 Signature _____ Date _____

MEMBERSHIP COMMITMENT 2009/2010 5769/5770

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 \$2,000 or, if your financial circumstances permit, to join one of our Pillar Giving Circles.

Pillar Circles*

- Torah \$25,000 and above
- Chai \$18,000 and above
- Ner Tamid \$10,000 and above
- Magen David \$5,000 and above
- Shofar \$3,600 and above
- Menorah \$2,500 and above

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

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**

Membership \$2,000**

*** Reduced membership dues are available to those under 30 years of age (no children in our schools) and those requiring financial consideration. Please contact the Synagogue Office.*

2009-2010 Membership (from above) \$ _____
 Security Fee (Mandatory) \$ 300
 Facilities Maintenance Fund (Mandatory to \$1,500) \$ 300
 TOTAL DUE \$ _____
 Amount Paid Now (50% deposit required) \$ _____
 BALANCE DUE (December 15, 2009) \$ _____

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, 2009 - June 30, 2010, 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, 2009 OR
- or five (5) month payment plan using F.A.C.T.S. starting August, 2009 (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: _____

EXPIRATION 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) _____

