



Membership Application

Adult #1

Dr. Mr. Mrs. Miss Ms. Mx. _____

_____ Last First MI

Hebrew Name _____ Religious Background _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____

Email _____ Date of Birth _____

Occupation _____ Employer _____

Previous Synagogue Affiliation _____

Read Hebrew Speak Hebrew Chant Torah/Haftorah Lead Services Available for minyans

Personal/Volunteer Interests:

- Religious/High Holidays Committee
- Early Learning Center/Jewish Learning Center (Education) Committee
- Security Committee
- Tech/IT Committee
- Financial Management Committee
- Building/Grounds Committee
- Development/Fundraising Committee
- Men’s Club
- Women’s Group
- Mitzvah Day/social action
- Ad hoc social event planning
- Choir
- Israel Action Committee
- General volunteer
- Other _____
- Skills, interests? _____

Adult #2 (Same Household)

Dr. Mr. Mrs. Miss Ms. Mx. _____

_____ Last First MI

Hebrew Name _____ Religious Background _____

Email _____ Phone (Cell) _____ Date of Birth _____

Occupation _____ Employer _____

Previous Synagogue Affiliation _____

Read Hebrew Speak Hebrew Chant Torah/Haftorah Lead Services Available for minyans

Personal/Volunteer Interests:

- Religious/High Holidays Committee
- Early Learning Center/Jewish Learning Center (Education) Committee
- Security Committee
- Tech/IT Committee
- Financial Management Committee
- Building/Grounds Committee
- Development/Fundraising Committee
- Men’s Club
- Women’s Group
- Mitzvah Day/social action
- Ad hoc social event planning
- Choir
- Israel Action Committee
- General volunteer
- Other _____
- Skills, interests? _____

New! COS-SJCC depends on volunteers to help our synagogue thrive! We offer a dues discount for new volunteers who share their time or expertise (credit effective for two years, starting with the year after volunteering has been verified (e.g., volunteer in 2024-25, credit effective for 2025-26). Please indicate interest:

- I would like to volunteer for a synagogue program to receive a \$180 discount/dues credit (5-hour minimum commitment.) Please contact me about opportunities.
- I am not able to volunteer at this time.

Family Information

| Child's Name | Gender | Date of Birth | Hebrew Name | ELC Class school year | JLC Grade school year |
|--------------|--------|---------------|-------------|-----------------------|-----------------------|
| 1. | | 1. | 1. | | |
| 2. | | 2. | 2. | | |
| 3. | | 3. | 3. | | |
| 4. | | 4. | 4. | | |

Yahrzeits:

| Name of Departed | Date of Death Including Year | Relationship to which member |
|------------------|------------------------------|------------------------------|
| | before/after sunset | |
| | before/after sunset | |
| | before/after sunset | |
| | before/after sunset | |

Membership Type: Please check one. Refer to membership flyer for category descriptions and eligibility.

| Dues Category | Rate | Amount Due: |
|---|---|--|
| Pay What You Wish (PWYW) <i>Young Families</i> | <input type="checkbox"/> _____ Please specify annual amount selected. <i>Suggested minimum is \$360. ELC registration discount of half of contribution.</i> | |
| Classic | <input type="checkbox"/> \$3255 (Family) <input type="checkbox"/> \$1785 (Single) <input type="checkbox"/> \$1840 (Senior Couple both 70+) <input type="checkbox"/> \$1445 (Senior Single 70+) | |
| Sustaining | <input type="checkbox"/> \$5250 (Family) <input type="checkbox"/> \$3860 (Single, Senior, or Senior Couple) | |
| Visionary | <input type="checkbox"/> Starting at \$10,000/year. <i>To maximize the impact of our Visionaries, we request that members in this category plan for a minimum 3-year commitment at this level.</i> | Please contact the Membership Chair to discuss options |
| Long Distance | <input type="checkbox"/> \$190 | |
| Fees: | | |
| Security | \$160 | \$160 |
| Technology Fee | \$100 | \$100 |
| Building Fund | <i>\$3,150 total, payable over 6 years. Payment deferred for PWYW members and begins in second year of membership at Classic, Sustaining, and Visionary levels. Contact Financial Secretary for alternative/extended payment plans or special arrangements.</i> | N/A (Deferred for PWYW & new members) |

Payment Schedule:

Please consider automatic annual payments to conserve office/staffing resources. Thank you!

- Please charge my credit card:
 - Payment in full (one-time)
 - Payment in full (automatic annual payments)
 - Payment in 2 installments (half with registration form, half to be invoiced later)
- Check enclosed
 - Half payment Full payment
- Please email me an invoice for direct online payment
- Please send me instructions for stock transfer or other alternative payments

Card info:

Name _____ Security Code _____ Expiration Date _____

Dues Policies:

New members may pay in full or opt to pay half of their annual dues with the application. Members are encouraged to apply before September 1 to ensure time to process their High Holiday tickets. For those paying in installments, the second half will be invoiced on or around February 1. Dues cover membership from July 1-June 30.

For additional information or to discuss dues payments please contact:

Amy Lewis - Financial Secretary - (732) 423-9695; Amy.Lewis.Ohr.Shalom@gmail.com

For membership questions please contact:

Mindy Huber - Membership Chair - (917) 653-6134; mingreene@gmail.com

Please Note: Membership is only conferred after approval at a meeting of the SJCC Board of Trustees.

We hereby agree to join Congregation Ohr Shalom-Summit Jewish Community Center and to pay its annual dues and assessments as long as we shall continue to be members. We also agree to abide by the rules and regulations of the synagogue and its Jewish Learning Center and Early Learning Center as shall be in force at the time of the signing of this application and as shall be properly adopted by the Board of Trustees. **Should we resign, we agree to notify the Congregation Ohr Shalom-Summit Jewish Community Center Financial Secretary in writing within 30 days of doing so and all our financial obligations including but not limited to dues, building fund, tuition and pledges must be current. We understand that any outstanding balances on such obligations remain our responsibility to pay and will be paid in full upon our resignation.**

Signature _____ Date _____

Signature _____ Date _____

