



Avi Friedman, Rabbi
Janet Ilene Roth, Cantor
William B. Horn, Rabbi Emeritus
Allison Tankel, Early Childhood Director
Meredith Lubin, Jewish Learning Center Director
Lauren Levine, Office Administrator

Membership Application 2023-2024

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Religious Committee/Usher | <input type="checkbox"/> Fundraising/ Communications | <input type="checkbox"/> Israel Action Committee |
| <input type="checkbox"/> Education/ Youth Programs | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Cooking/Kitchen/ Catering Management |
| <input type="checkbox"/> Security Committee | <input type="checkbox"/> Women's Group | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tech/IT Committee | <input type="checkbox"/> Intermarried Group | _____ |
| <input type="checkbox"/> Office/Admin Support | <input type="checkbox"/> Social Action | |
| <input type="checkbox"/> Building and Grounds | <input type="checkbox"/> Social Event Planning | |
| | <input type="checkbox"/> Choir | |

Special skills, hobbies, or talents?

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Religious Committee/Usher | <input type="checkbox"/> Fundraising/ Communications | <input type="checkbox"/> Israel Action Committee |
| <input type="checkbox"/> Education/ Youth Programs | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Cooking/Kitchen/ Catering Management |
| <input type="checkbox"/> Security Committee | <input type="checkbox"/> Women's Group | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tech/IT Committee | <input type="checkbox"/> Intermarried Group | _____ |
| <input type="checkbox"/> Office/Admin Support | <input type="checkbox"/> Social Action | |
| <input type="checkbox"/> Building and Grounds | <input type="checkbox"/> Social Event Planning | |
| | <input type="checkbox"/> Choir | |

Special skills, hobbies, or talents?

Family Information

Child's Name	Gender	Date of Birth	Hebrew Name	ELC Class 23-24	JLC Grade 23-24
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. *COS-SJCC is committed to welcoming all people with a desire to join; please contact the Financial Secretary for a confidential discussion of any accommodations needed.*

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, which includes High Holiday access. Please be as generous as you can, or consider a higher level membership if you are able.</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"/> Multiple options starting at \$10,000/year. <i>Includes dues, annual donations, religious school tuition, special event tickets, and more.</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 payments to conserve office/staffing resources. Thank you!

- | | |
|---|--|
| <input type="checkbox"/> Please email me a link to pay online by credit card or e-check: <ul style="list-style-type: none"> <input type="checkbox"/> Payment in full (one-time) <input type="checkbox"/> Payment in 2 installments (half with registration form, half to be invoiced later) | <input type="checkbox"/> Please email me instructions for automatic payments via credit card <ul style="list-style-type: none"> <input type="checkbox"/> Check enclosed <ul style="list-style-type: none"> <input type="checkbox"/> Half payment <input type="checkbox"/> Full payment <input type="checkbox"/> Please send me instructions for stock transfer or other alternative payments |
|---|--|

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 access badges. -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; amyjo2001@aol.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 _____

Please scan form and return via email to office@summitjcc.org. Thank you!