



JEC Elmora Avenue Shul 5785 Membership Form

Last Name: _____
 First Name: _____ Male/Female _____
 Spouse First Name: _____ Male/Female _____
 Address:
 Street: _____
 City: _____
 State: _____ Zip _____
 Home Phone: _(____)_____. Cell Phone: _(____)_____

I/We want to be a part of the great things going on at JEC Elmora Avenue Shul. I/We are committing to completing the payment plan outlined below and I/we understand that membership may not be rescinded by me/us during the year. *I/We understand that our outstanding balances from prior years must be paid in full prior to acceptance of our membership for this year.*

I/We recognize that per the By-laws of the JEC Elmora Avenue Shul, only those individuals that consent to one of the payment plans set forth below will be entitled to member benefits (including, but not limited to, celebrating lifecycle events [i.e. *bris*, *bar mitzva*, etc.], receiving *aliyot*, recognition of *yahrzeits*, youth services (including *Shabbos* groups), voting on *shul* matters, etc.).

I/We have read and understand all of the information contained in the attached seating form and in this Membership Form

Signature: _____ Spouse Signature: _____ Date: _____

Membership Level:

Full Rate:

Patron (includes 2 seats) (Also includes 2 seats at the annual shul dinner.)

\$2,000.00

Couple/Family (includes 2 seats):

\$1,195.00

Single Parent Family (includes 1 seat): ¹

\$835.00

Single (includes 1 seat):

\$635.00

Non- Resident: ²

\$360.00

Total Membership Fee:

\$ _____

Names of children who live at home (please note that if you would like seats for these children please submit payment for the appropriate number of Student and/or adult child seats):

First Name: _____ - Gender: M / F Age as of Sept 1, 2024: _____

First Name: _____ - Gender: M / F Age as of Sept 1, 2024: _____

First Name: _____ - Gender: M / F Age as of Sept 1, 2024: _____

¹ Single Parent Family members are defined a single individual with children living at home.

² Non-Resident Membership is only for individuals/families who have moved out of the community.

***Individuals with financial constraints, should contact Rabbi Herman or Shua Walshver to discuss their financial accommodation request. Prior year accommodations do **NOT** automatically renew each year. Current year (5785) arrangements must be documented in writing and finalized prior to September 15, 2024.

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Last Name: _____ First Name: _____
 Home Phone: _(____)_____ Cell Phone: _(____)_____

Please check the membership level you have registered for on the Membership Form:

- | | |
|--|---|
| <input type="checkbox"/> Patron | <input type="checkbox"/> Single |
| <input type="checkbox"/> Couple/Family | <input type="checkbox"/> Single Parent Family |
| <input type="checkbox"/> Non-resident | |

Minyanim Codes (for RH/YK):

(M) Main Sanctuary (Silverstein Bais Midrash) **/(S)** Sephardic Minyan)

Member Name (2 member seats for Patron and Family; 1 member seat for Single Parent Family and Single Member)	Gender :	RH	YK	Both RH/YK	Minyan Preference Select One Only Per Name:
• _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)

Additional student seating (children 22 years of age and younger) (\$175 per student):

Full Name:	Gender	RH	YK	Both RH/YK	Minyan Preference Select One Only Per Name:	Fee:
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)	\$175
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)	\$175
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)	\$175
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)	\$175

Additional adult children (23 years of age and older) (\$385 per adult child):

Full Name:	Gender	RH	YK	Both RH/YK	Minyan Preference Select One Only Per Name:	Fee:
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)	\$385
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)	\$385
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)	\$385
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(M) / (S)	\$385

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Guest seats:

Full Name:	Gender	RH	Fee:	YK	Fee:	Both RH/YK	Fee:	Minyan Preference Select One Only Per Name:
_____	_____	<input type="checkbox"/>	\$275	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$375	(M) / (S)
_____	_____	<input type="checkbox"/>	\$275	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$375	(M) / (S)
_____	_____	<input type="checkbox"/>	\$275	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$375	(M) / (S)
_____	_____	<input type="checkbox"/>	\$275	<input type="checkbox"/>	\$150	<input type="checkbox"/>	\$375	(M) / (S)

Kiddush Fund Optional Contribution

We understand that many in the community enjoy a nice kiddush with cholent, kugel and other delicacies after shul on Shabbos. Please consider making an optional contribution to the kiddush fund to enable the shul to provide this service to our member, every week, even when there is not a specific sponsor. Please consider a family contribution of \$180 to help sustain this kiddush.

\$180 Kiddush fund contribution

Payment Options - check one:

- Payment in full by (circle one) cash, check or credit card. Check or credit card information must be enclosed at the time of submission of this form.
- Payment to be made quarterly (beginning September 2024) by either (circle one) the enclosed post-dated checks or credit card.
- Payment to be made in 12 equal monthly installments (beginning September 2024) by (circle one) the enclosed post-dated checks or credit card.
- I authorize the JEC to charge my VISA/Mastercard - Acct # _____ expiration date ____/____ security code _____.

Total Amount Due:	Membership:	\$ _____
	Seating:	\$ _____
	Kiddush Fund contribution:	\$ _____
Grand total:		\$ _____

Additional comments/requests: _____
