



# ADATH ISRAEL – MEMBERSHIP REGISTRATION AGREEMENT 2017 – 2018 (5778)

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Please print

### Membership Dues Category\* (check one):

- \$2,730 **Family:** 2 adult household, includes all mailings and events; High Holiday tickets for each adult member, as well as 1 ticket for each post-b'nai mitzvah-age child up to age 25 who resides in the residence.
- \$1,365 **Individual:** 1 adult household, includes all mailings and events; 1 High Holiday ticket, as well as 1 ticket for each post-b'nai mitzvah-age child up to age 25 who resides in the residence.
- \$1,365 **New Family:** 2 adult household, new to Adath Israel this year, same benefits as family
- \$683 **New Individual:** 1 adult household, new to Adath Israel this year, same benefits as individual.
- \$360 **Young Adult Family:** Adults between the ages of 23 and 35, same benefits as family membership.
- \$180 **Young Adult Individual:** Adults between the ages of 23 and 35, same benefits as individual membership.
- \$360 **Associate:** Includes all mailings and events. High Holy Day tickets are **NOT** included. Intended for individuals and families who are members in good standing at another synagogue and who do not have children enrolled in AI Religious School. (Please submit a letter from the other synagogue).

Please consider becoming a Plus Giver. Plus Givers help to provide membership assistance to those who cannot afford it. The generosity of our Plus Givers ensures that our synagogue doors will remain open to our Jewish community and no one will be turned away because of financial difficulties.

- \$5,600 Plus Giving Family
- \$2,800 Plus Giving Individual

- A-1 \$ \_\_\_\_\_ \*Membership Dues: ENTER amount selected from above membership category list
- A-2 \$ \_\_\_\_\_ Voluntary Contribution: I/We wish to make an additional contribution in excess of our selected dues amount. Please enter amount.
- A-3 \$ \_\_\_\_\_ Building Security Fee: \$180, Helps offset cost of hiring security personnel throughout the year. *This fee is mandatory* (except for Associate Members).
- A-4 \$ \_\_\_\_\_ Men's Club Dues: Helps offset cost of our affiliation with the national organization. If you do not participate in Men's Club programs, \$36 annual dues are *optional*.
- A-5 \$ \_\_\_\_\_ Sisterhood Dues: Helps offset cost of our affiliation with the national organization. If you do not participate in Sisterhood programs, \$36 annual dues are *optional*.
- A-6 \$ \_\_\_\_\_ Masorti Donation: \$18 *optional* annual contribution which supports Conservative Judaism in Israel. AI is asked by USCJ to make an annual contribution.
- A-7 \$ \_\_\_\_\_ USCJ Donation: \$36 *optional* annual contribution - Helps offset the cost of our USCJ annual dues.
- A-8 \$ \_\_\_\_\_ JTS Donation: \$18 *optional* annual contribution - Donation to the Jewish Theological Seminary.
- A-9 \$ \_\_\_\_\_ Total: ADD lines A-1 through A-8

**My/Our Total 2017-2018 Membership Obligation is \$ \_\_\_\_\_**

It is our philosophy at Adath Israel that no individual will be refused membership because of inability to pay. If you require special consideration, please contact the Executive Director, Lauren Marks-Cabañas.

Please see the other side for payment agreement. Your membership is not complete without the signed payment agreement. →

## ADATH ISRAEL – PAYMENT AGREEMENT 2017 – 2018 (5778)

PLEASE COMPLETE AND RETURN FOR PAYMENTS (Your Membership is not complete without your signature.)

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Please print

My/Our Total 2017-2018 Membership Obligation is \$ \_\_\_\_\_

- PAYMENT OPTION 1: Payment in FULL** - I/we agree to pay in one payment, \$ \_\_\_\_\_  
check attached or payment instructions below.
- PAYMENT OPTION 2: Manual Payments:** By responding to statements or by using Chaverware. All requests  
that all synagogue obligations be paid by April 30, 2018.
- PAYMENT OPTION 3: Three Equal Payments\*:** I/we agree for Adath Israel to auto charge my credit card / ACH  
on file on the 15th of July, 2017, October, 2017 and January, 2018. \$ \_\_\_\_\_
- PAYMENT OPTION 4: Ten Equal Payments\*:** I/we agree for Adath Israel to auto charge my credit card OR ACH  
on file on the 15th of each month for ten months beginning July 15, 2017 - April 15, 2018. \$ \_\_\_\_\_
- For stock transfer payment, please contact the bookkeeper, Sara Beth Levine, at 610-934-1907 or  
bookkeeper@adathisrael.org

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card Processing Information\*:**

Name on card \_\_\_\_\_  
Card billing address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. date \_\_\_\_\_

**ACH Processing Information\* (Please attach voided check):**

Name on Account: \_\_\_\_\_  
Street Address on Account: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

**\* Your credit card/ACH will automatically be kept in our secure database. We can only keep one credit card/ACH per family in our database. This credit card will automatically replace any card currently on file. Please contact the office if your credit card was replaced and/or issued a new expiration date or if your ACH information changes.**



ADATH ISRAEL

Rabbi Eric Yanoff ♦ Rabbi Ariella Rosen ♦ Cantor Bernard Lowe ♦ Lauren Marks-Cabanas, Executive Director ♦ David Steinman, President  
250 N. Highland Avenue ♦ Merion Station, PA 19066 ♦ www.adathisrael.org ♦ 610-934-1919 ♦ info@adathisrael.org  
Sharon & Ted Asnis Judaica Shop ♦ 610-934-1930 ♦ Schools of Adath Israel ♦ 610-934-1920 ♦ MAKOM J-Link ♦ Preschool  
Summer Camp ♦ Kadima/USY ♦ Sisterhood ♦ Men's Club ♦ Tikkun Olam ♦ Adult Education ♦ Facility Rentals

## ADATH ISRAEL MEMBERSHIP DATABASE INFORMATION

At Adath Israel, it is our mission to celebrate the uniqueness of each of us and welcome diversity in our community. In order to help us meet your needs, please list (on reverse side) any accommodations that you or family members need in order to participate in Synagogue activities. We request this information for our confidential member files. Your assistance will allow us to serve you better. Please call the office with any questions.

**Adult1 and/or Adult2 First Name(s) & Last Name(s):** \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Primary Fax: \_\_\_\_\_

Member Since: \_\_\_\_\_

**Adult 1**

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

Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Owner:  Y  N

If yes, Bus. Name: \_\_\_\_\_

Business Addr: \_\_\_\_\_  
 \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

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

Tribe (if known): \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

**Adult 2**

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

Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Owner:  Y  N

If yes, Bus. Name: \_\_\_\_\_

Business Addr: \_\_\_\_\_  
 \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

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

Tribe (if known): \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

**Children (up to age 25):**

First Name (Last name if different)	M/F	Birthdate	Hebrew Name	Bar/Bat date	School	Email	Grade
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Yahrzeits** (if needed, attach a separate sheet):

Deceased Name	English Date of Death (mm/dd/yy)	Before or After Sunset	Relationship	Cemetery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Relatives in Congregation:** (Not living in this household)

Relative's Full Name	Relationship (to you)	Your name
_____	_____	_____
_____	_____	_____



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