

CONGREGATION



בס"ד

Jeffrey Wohlgelemerter
Rabbi

Brian Zimmerman
President

Steven B. Weitzen
Past President

Craig Glasser
Treasurer

Michael Aron
Secretary

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July 1, 2011

Greetings,

Thank you for your interest in membership with Congregation Adat Yeshurun. Attached please find the necessary membership forms which must be completed and returned to our office. It is important that you complete every form in the package. The forms are:

1. Membership Information/Yahrzeit Information/Children's Information
2. Wish to Participate Form
3. Dues Schedule for the current membership year
4. Credit Card Authorization Form

Please note the dates you provide must be complete with day, month, and year. You may provide either a Hebrew or English date, but we must have all three pieces of information to ensure accurate and timely Yahrzeit notices are sent to you. Hebrew names should be as complete as possible (i.e. Yaacov ben Avraham or Yael bat Dovid) and written in English.

Please return the completed forms as soon as possible to the office via email, fax or mail. If you have received this form via e-mail in Word Format you have the option of completing the form within the attachment and e-mailing back. Feel free to contact me if you have any questions or need assistance completing the forms.

Kindest regards,

Annette Olson
Executive Administrator
Congregation Adat Yeshurun

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ADAT YESHURUN MEMBERSHIP

YOUR MEMBER INFORMATION

Name:

Title:	Home Phone:	Cell Phone:
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Address:

City:	State:	ZIP Code:
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Email:	Work Phone:
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Hebrew Name:	Birth Date:
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Father's Hebrew Name:	
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Mother's Hebrew Name:	
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MEMBER SPOUSE INFORMATION

Name:

Title:	Home Phone:	Cell Phone:
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Address:

City:	State:	ZIP Code:
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Email:	Work Phone:
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Hebrew Name:	Birth Date:
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Father's Hebrew Name:	
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Mother's Hebrew Name:	
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CHILDREN'S INFORMATION

Name:

Hebrew Name:	Birth Date:
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Bar/Bat Mitzvah Date:	Current Grade in School:
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Email:	
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Name:

Hebrew Name:	Birth Date:
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Bar/Bat Mitzvah Date:	Current Grade in School:
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Email:	
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Name:

Hebrew Name:	Birth Date:
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Bar/Bat Mitzvah Date:	Current Grade in School:
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Email:	
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Name:

Hebrew Name:	Birth Date:
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Bar/Bat Mitzvah Date:	Current Grade in School:
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Email:	
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NAME:

Hebrew Name:	Birth Date:
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Bar/Bat Mitzvah Date:	Current Grade in School:
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Email:	
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ADAT YESHURUN MEMBERSHIP

Yahrzeit Information

Please provide the Yahrzeit information you would like on file, listing each person separately. Please remember your date information MUST BE COMPLETE to ensure accurate and timely receipt of Yahrzeit notices. Please provide *all three* of the following information: month, day and year of death. You may provide either the Hebrew or English date of death.

FOR YOU:

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death:

Before or After Sunset?

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death:

Before or After Sunset?

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death:

Before or After Sunset:

FOR YOUR SPOUSE:

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death:

Before or After Sunset:

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death:

Before or After Sunset:

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death:

Before or After Sunset:

ADAT YESHURUN MEMBERSHIP

WISH TO PARTICIPATE

Please consider joining one of the following committees. All are critical to the functioning of the shul. If you have any questions as to the responsibilities involved with any of these committees, please contact our President, Brian Zimmerman at beezimmerman@gmail.com or the Shul office at info@adatyeshurun.org or (858) 535-1196.

Member:	Member Spouse:
<input type="checkbox"/> Bikur Cholim	<input type="checkbox"/> Bikur Cholim
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Finance Committee
<input type="checkbox"/> Guest Hospitality (i.e. meals and/or sleeping accommodations)	<input type="checkbox"/> Guest Hospitality (i.e. meals and/or sleeping accommodations)
<input type="checkbox"/> Kiddush (i.e. set up on Shabbos or prepare salads prior to Shabbos)	<input type="checkbox"/> Kiddush (i.e. set up on Shabbos or prepare salads prior to Shabbos)
<input type="checkbox"/> Marketing & PR	<input type="checkbox"/> Marketing & PR
<input type="checkbox"/> Membership Committee	<input type="checkbox"/> Membership Committee
<input type="checkbox"/> Neighborhood Liaison	<input type="checkbox"/> Neighborhood Liaison
<input type="checkbox"/> Office Assistance	<input type="checkbox"/> Office Assistance
<input type="checkbox"/> Security Teams/Team Leaders	<input type="checkbox"/> Security Teams/Team Leaders
<input type="checkbox"/> Shul Ushering	<input type="checkbox"/> Shul Ushering
<input type="checkbox"/> Social Events Committee	<input type="checkbox"/> Social Events Committee
<input type="checkbox"/> Spring Fundraiser Committee	<input type="checkbox"/> Spring Fundraiser Committee
<input type="checkbox"/> Youth Program Development	<input type="checkbox"/> Youth Program Development

ANNUAL MEMBERSHIP DUES SCHEDULE

Effective July 1, 2011 through June 30, 2012

We offer membership rates in the following categories, please indicate the type of membership you would like. Your membership includes you and your spouse and dependent children.

Membership Categories	Annual Dues Rate
Family Membership	\$2,050.00
Single Parent Family Membership	\$1,030.00
Single Person Membership	\$1,030.00
Full-time College Student Membership	\$265.00

If you join after January 1st, but prior to June 30th of the current membership year your membership dues will be prorated as follows:

Family Membership	\$1,025.00
Single Parent Family Membership	\$515.00
Single Person Membership	\$515.00
Full-time College Student Membership	\$140.00

ADAT YESHURUN MEMBERSHIP

CREDIT CARD AUTHORIZATION FORM

We accept American Express, MasterCard and Visa. Please complete the following and return to the Shul office (attention Annette Olson) either by email: Annette@adatyeshurun.org or fax to (858) 535-0037 or mail to Congregation Adat Yeshurun 8625 La Jolla Scenic Dr. N. La Jolla, CA 92037

The membership year is from July 1st through June 30th of the following year. **Payment of dues must commence in July of each membership year, or the month in which you begin your membership, and your dues must be paid in full by the end of the current membership year.**

Name:

Date:

ANNUAL MEMBERSHIP PAYMENT PLAN

I would like to make my dues payment over (please select one of the following options by checking the appropriate box). **You must select one of the following options.**

- 1 Payment
- 4 Consecutive monthly payments
- 6 Consecutive monthly payments
- 8 Consecutive monthly payments
- 12 Consecutive monthly payments

OPERATIONS EXPENSES PAYMENT ELECTION

Would you like your operations expenses (e.g. shul events/dinners/shabbatons, lulav & etrog, shmurah matzoh, anything other than membership dues or Kol Nidre Pledge) automatically charged to your credit card when incurred? If you elect no, then payment for expenses are due when incurred via another form of payment.

- Yes
- No

KOL NIDRE PLEDGE PAYMENT ELECTION

Would you like your Kol Nidre Pledge automatically charged to your credit card? Please select appropriate box.

- Yes. Over how many months?
- No

I hereby authorize Congregation Adat Yeshurun to debit my credit card for my annual membership dues, operational expenses and Kol Nidre Pledge in accordance with my selections noted above. **This authorization shall remain in effect each year until Congregation Adat Yeshurun receives WRITTEN Notification of Cancellation.**

Credit Card Number:

Expiration Date:

Name as it appears on the credit card:

Signature: