

THE BOSTON SYNAGOGUE

Membership Application for 2015-16 – Join or Renew Today!

MEMBERSHIP RENEWAL? Y / N

NEW MEMBER? Y / N

Signature _____ Date _____

If renewing membership, please add & update any information that may not be on file, or may have changed, including: Yahrzeit dates (see back); address, email address, or add others

Payment may be made via check issued to: **The Boston Synagogue**. Address: 55 Martha Road, Boston, MA. 02114

You can also make payments online via PayPal at www.bostonsynagogue.org — click “Membership” under “Community”

Please contact the office with any questions: **PHONE**. 617-523-0453 **EMAIL**: office@bostonsynagogue.org

MEMBERSHIP PRICING	# High Holiday Seats Included in Membership	Current Members	New Members	Total No. Seats/Monies
Family Membership	TWO	\$1,095	\$825	
Single Membership	ONE	\$545	\$415	
Young Pro / Student	Up to age 32. Separate form, please contact the office			
Additional Seats (Member Price)		18+ is \$135 17 & under \$75	18+ is \$135 17 & under \$75	
Adult's Last Name(s)				
Adult's First Name(s)				
Hebrew Names Indicate if: Cohen/Levi/Yisroel				
Email				
Street Address				
Suite/Apt				
City/State/Zip				
Home Phone				
Work Phone				
Cell Phone				
Occupation/Title				
Does your employer have a charitable matching funds program? Y / N If YES, Employer Name/City/State				
Payment Options (Circle)	Check Enclosed		Paying via PayPal	
How did you hear about the Boston Synagogue?	Ads/Where?	Website	Friend/Word of Mouth	Other (please specify)

Yahrzeits. As a member, if ***your information is not on file with the synagogue or needs to be corrected***, please fill out the information below. We remember departed ones on a monthly basis: mailing you a reminder & remembering a loved one in our weekly Shul bulletin.

NAME OF DECEASED (ENGLISH)	NAME OF DECEASED (HEBREW)	RELATIONSHIP	DATE OF DEATH (M/D/Y)	HEBREW DATE (If Known)

AS A COMMUNITY, WE ENJOY CELEBRATING LIFE CYCLE EVENTS...Share with us:

NAME	BIRTHDAYS. DATE (M/D)	ANNIVERSARY DATE		BAR/BAT MITZVAH PARSHA

CHILDREN				
FIRST & LAST NAME	DOB	GENDER	LIVING AT HOME/AT SCHOOL	SCHOOL ATTEND/GRADE LEVEL

WE ARE A PARTICIPATORY COMMUNITY *We welcome participation in volunteering to assist in planning programs.*

1. GENERAL INFORMATION	If so, Why? What? When?				
Is any member of your family capable of reading the Torah, or would like to anniversary a Bar/Bat Mitzvah Portion? Which one?					
Is any member of your family capable of reading the Haftorah?					
Is any member of your family listed able to lead services?					
2. OTHER INFORMATION We need you. Which of the following areas might be of interest? Check all that apply.					
<input type="checkbox"/> General Programming <input type="checkbox"/> Event Planning <input type="checkbox"/> Bikur Cholim/Hesed <input type="checkbox"/> Serve as a Building Captain/Neighborhood Leader (i.e. distribute flyers) <input type="checkbox"/> Adult Education <input type="checkbox"/> Development/Fundraising <input type="checkbox"/> Membership <input type="checkbox"/> Professional writing expertise/PR <input type="checkbox"/> Youth/Hebrew School <input type="checkbox"/> Building/Grounds <input type="checkbox"/> Marketing/Social Media <input type="checkbox"/> Social Action/ Community Service Program					
3. SURVEY OF INTEREST What else would you like to see at The Boston Synagogue? Check all that apply.					
<input type="checkbox"/> Book Club <input type="checkbox"/> Movie Nights <input type="checkbox"/> Shabbat/Friday Night Dinners <input type="checkbox"/> Adult Education <input type="checkbox"/> Scotch, Wine, or Vodka Tasting <input type="checkbox"/> Musical Performances <input type="checkbox"/> Young Professionals/20s &30s <input type="checkbox"/> Family-Fun Events <input type="checkbox"/> Dancing <input type="checkbox"/> 40s+ Group					
4. HELP US GROW! We would appreciate if you would please provide names of friends, neighbors or relatives who might be interested in learning more about The Boston Synagogue, or who would like to be on our mailing list.					
NAME	STREET	CITY	STATE	ZIP	EMAIL

Membership Forms Received by **AUGUST 20, 2015**, tickets will be mailed. After 8/20: tickets may be picked-up at the Synagogue
 I/We hereby apply for a new/renewed membership in The Boston Synagogue and, if accepted, agree to pay annual dues as fixed by the Board of Trustees. Sign & Date:

Signature: _____ Date: _____

Acceptance of membership application is at the sole discretion of the Membership Committee of the Boston Synagogue
 The Boston Synagogue Membership Form 2015-2016