

THE BOSTON SYNAGOGUE

Membership Application for 2014-15 – 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 your payment online via PayPal at www.bostonsynagogue.org -- click "Membership"

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	\$995	\$750	
Single Membership	ONE	\$495	\$375	
Young Pro Member	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)

Acceptance of membership application is at the sole discretion of the Membership Committee of the Boston Synagogue

YAHARZEITS. 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 Haftarah?					
Is any member of your family listed able to lead services?					
2. OTHER INFORMATION. Please initial your/spouse name. We need you. Which of the following areas might be of interest?					
General Programming	Event Planning	Bikur Cholim/Hesed	Serve as a Building Captain/Neighborhood Leader. I.e.: distribute flyers		
Adult Education	Development/Fundraising	Membership	Professional writing expertise/PR		
Youth/Hebrew School	House/Grounds	Marketing/Social Media	Social Action/ Community Service Program		
3. WHAT ELSE MIGHT BE OF INTEREST? WHAT ELSE WOULD YOU LIKE TO SEE? Please describe. Willing to assist?					
4. HELP US GROW! <i>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.</i>					
NAME	STREET	CITY	STATE	ZIP	EMAIL

Membership Forms Received by **SEPTEMBER 1st, 2014**, tickets will be mailed. After 9/1: 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: _____