

# YOUNG PROFESSIONALS

## THE BOSTON SYNAGOGUE MEMBERSHIP APPLICATION 2015-16

Membership for ages 32 & under

**The Boston Synagogue's Young Professional Membership has all of the perks of a general membership with minimal cost commitment!**

**Young Professional Membership Includes:** Seat(s) to the High Holidays & Break Fast, Discounted pricing on Friday Night Dinners, Member pricing on Adult Ed & a meaningful connection to the downtown Boston Jewish Community!

*If renewing membership, please add & update any information that may not be on file, or may have changed.*

YP MEMBER PRICING	# High Holiday Seats Included in Membership	Price	Total # Seats/Total Monies
YP Couple Membership	TWO	\$250	
YP Single Membership	ONE	\$135	
Additional Seats (Member Price)		18+ is \$135 17 & under \$75	
Adult's Last Name(s)			
Adult's First Name(s)			
Hebrew Names Please include 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)

Payment can 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](http://www.bostonsynagogue.org) – click “Membership” under “Community”

**Please contact the office with any questions: PHONE.** 617-523-0453 **EMAIL.** [office@bostonsynagogue.org](mailto:office@bostonsynagogue.org)

**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 date reminder and 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

**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"/> Holiday Celebrations <input type="checkbox"/> BBQs & Events on the Patio					
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 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: \_\_\_\_\_