

## Membership Application

Adult #1  Male  Female

Mr.  Ms.  Mrs.  Dr.  Rabbi  Other \_\_\_\_\_

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

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

Don't know  N/A  kohen  levi

Father's Hebrew Name: \_\_\_\_\_

Don't know  N/A

Mother's Hebrew Name: \_\_\_\_\_

Don't know  N/A

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

Marital Status:  Single  Married  Widowed  Divorced

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

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

### Other Information (as applicable):

<b>Wedding Anniversary</b> <b>Bar/Bat Mitzvah</b> <b>Anniversaries</b>	<b>Month:</b> <b>Month:</b>	<b>Day:</b> <b>Day:</b>	<b>Year:</b> <b>Year:</b>
--	--------------------------------	----------------------------	------------------------------

### Children (living at home)

Name	Hebrew Name	Date of Birth	Bar/Bat Mitzvah Date	School & Grade Level	Other Parent/ Guardian's Name & Address if Not Residing w/ Member	Email



Adult 1: \_\_\_\_\_

Adult 2: \_\_\_\_\_

## Being a Part of the Northern Hills-Congregation B'nai Avraham Community

We value and welcome our members' participation in all aspects of synagogue life. We hope that you will find many synagogue activities which fit your needs and interests!

### Activities:

Please indicate below the names of household members who may be interested in the listed activities and groups.

Adult			Adult			Adult		
1	2		1	2		1	2	
___	___	Sisterhood	___	___	Men's Club	___	___	HaZak (55 & over)
___	___	YAKS (Young Adults Kids Sometimes)	___	___	Adult Education	___	___	Intergenerational Education
___	___	Ritual Committee	___	___	Social Action/Gemilut Hasadim	___	___	Social Events
___	___	Choir	___	___	Fundraising	___	___	Membership
___	___	Youth Commission	___	___	Keruv (Interfaith families)	___	___	Other
___	___	Retired? Please list your previous occupation(s) _____						

### Educational Interests:

Northern Hills Synagogue is a learning congregation and offers educational programs for all interests. Please indicate below areas of interest to you.

Adult			Adult			Adult		
1	2		1	2		1	2	
___	___	Basic Judaism	___	___	Beginning Prayerbook Hebrew	___	___	Intermediate Prayerbook Hebrew
___	___	Talmud Study	___	___	Jewish Values/Ethics	___	___	Topical Discussion Groups
___	___	Torah/Haftarah Trope	___	___	Adult Bar/Bat Mitzvah	___	___	Leading Parts of the Service
___	___	Other _____	___	___	Other _____			

### Ritual Skills:

Is any member of your family interested in leading services? Yes No

If yes, indicate name : \_\_\_\_\_

Northern Hills' services are highly participatory. If you or your children can lead parts of the service, read Torah, chant Haftarah, or lead religious programming for youth, please let us know below.

Names	Parts of the service you can lead including read torah, Haftarah, Shabbat services

### Administrative, Programming or Building Skills:

Northern Hills Synagogue depends on and values its volunteers. Your special talents can add so much to our efforts. Please indicate if you would like to share your skills with us in any way.

Adult			Adult			Adult		
1	2		1	2		1	2	
___	___	Gift Shop	___	___	Graphic Design	___	___	Photography
___	___	Office Skills	___	___	Publicity/Marketing	___	___	Carpentry
___	___	Choir	___	___	Social Media	___	___	Electrical
___	___	Music _____	___	___	Kitchen/Cooking/Baking	___	___	Landscape

If there are other programs or activities which you would like to see at our synagogue, or if you have any other special talents or abilities which we could put to use, please tell us here.

\_\_\_\_\_

Thank you for joining Northern Hills-Congregation B'nai Avraham

**NORTHERN HILLS SYNAGOGUE – CONGREGATION B'NAI AVRAHAM**

<b>Membership Categories</b>	<b>Designation</b>	<b>Membership Dues 2014-2015</b>
Under 30 Single		\$ 300
Under 30 Household		\$ 440
30-35 Single		\$ 500
30-35 Household		\$ 900
Full Single		\$ 900
Full Household		\$1650

The Zorndorf Campaign for Tomorrow is Northern Hills Synagogue’s mandatory building fund. The minimum pledge is \$1,000 for a family membership, or \$500 for a single member, payable over a five (5) year period.

The Education Endowment Fund was established in 1992 to help fund our Religious School and other educational programs. This fund is voluntary, but the suggested contribution is \$300, payable at once or over three (3) years.

There is no charge to members in good standing for High Holiday admission. Please call the office for admission for college age children. High Holiday tickets for relatives of members visiting from out-of-town are available by request. A donation is appreciated.

A gift first-year membership is presented to couples married by our rabbi and to children of our members the first year they are out of school or are living independently. Information is available from the Membership Chairperson or the synagogue office.

The financial secretary, Laurie Dubin [nhsfinsec@fuse.net](mailto:nhsfinsec@fuse.net), sends bills quarterly, in early January, April, July and October. Application for membership should be accompanied by a check for one quarter's dues. A member who joins after the midpoint of a quarter is not responsible for that quarter; an exception is the quarter in which the High Holidays fall. A new member must pay for that quarter. You may choose to pay the remaining balance of your annual dues at any time during the year which helps the synagogue’s cash flow.

**In case of financial hardship, special dues arrangements may be made by contacting the President, David Bernstein at 513.324.3423 or [daveib@fuse.net](mailto:daveib@fuse.net). Every effort will be made to be fair and all financial information is confidential.**

- I/We understand and agree to the financial commitments associated with becoming a member of NHS-CBA.
- I/We understand that dues will be billed on a quarterly basis by the Financial Secretary.
- I/We will be responsible for any dues or debts incurred for each quarter in which I/We receive a billing from the Financial Secretary.

If a member wishes to resign, he/she must notify the synagogue in writing. Members are responsible for any financial obligations to the synagogue incurred up to that date.

Please check if you would like your quarterly billing sent electronically via e-mail to: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date