

# The Boston Synagogue

## Join or Renew Today! Membership Application for 2010-11!

Please include payment with check issued to: THE BOSTON SYNAGOGUE. The address is: 55 Martha Road, Boston, MA. 02114  
Please call the Synagogue office with any questions. 617-523-0453. Email is: [office@bostonsynagogue.org](mailto:office@bostonsynagogue.org)

MEMBERSHIP RENEWAL? \_\_\_\_\_

NEW MEMBER?  yes

Signature \_\_\_\_\_

Signature \_\_\_\_\_

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

- Yahrzeit dates? [See rear page]
- Your email address, or want to add others

MEMBER PRICING	NO. HIGH HOLY DAY SEATS INCLUDED IN MEMBERSHIP	CURRENT MEMBERS	NEW MEMBERS	TOTAL NO. SEATS/ TOTAL MONIES
Family Membership	two	\$995	\$750	
Single Membership	one	\$495	\$375	
Additional Seats		18+ is \$125.00 17 & under: \$75		

HH SEAT PRICING. NON-MEMBER	NON-MEMBERS	TOTAL NO. SEATS/TOTAL MONIES
Adults 18+	\$275	
Children under 17	\$135	
Students	\$75	

**OUR MEMBERSHIP CYCLE RUNS FROM AUGUST 1, 2010 TO JULY 31, 2010**

	ADULT #1	ADULT #2
Adult's Last Name (s)		
Adult's First Name (s)		
Hebrew Names Please indicate if: Cohen/Levi/Yisroel		
Email		
Street Address		
Suite/Apt		
City/State/Zip		
Home Phone		
Work Phone		
Occupation/Title		
Does your employer have a charitable matching funds program? Y/ N? If yes, Employer Name/City/State		

### PAYMENT OPTIONS:

Check enclosed  **MASTERCARD/VISA ONLY. American Express not accepted**

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name as appears on Card \_\_\_\_\_

Signature \_\_\_\_\_

Billing address \_\_\_\_\_

City/State/Zip Code. \_\_\_\_\_

### HOW DID YOU HEAR ABOUT THE BOSTON SYNAGOGUE?

Ads/Where? \_\_\_\_\_

Website  Friend/word-of-mouth

Other (please specify) \_\_\_\_\_

**Please ALSO review form on the reverse side**

**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. PLEASE NOTE: Due to reorganization of the computer system, your information is needed so that we can double-check it.

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....** We welcome you sharing with us:

NAME	BIRTHDAYS. DATE (MONTH/DAY)	ANNIVERSARY DATE (if applicable)	BAR/BAT MITZVAH PARSHA

**CHILDREN:**

FIRST AND LAST NAME	DATE OF BIRTH	GENDER	LIVING AT HOME/AT SCHOOL	WHICH SCHOOL DO THEY ATTEND? GRADE LEVEL?

**THE BOSTON SYNAGOGUE IS A PARTICIPATORY COMMUNITY.** We welcome your participation in volunteering to assist in planning programs.

**1. GENERAL INFORMATION:** (please initial your/spouse name)

	If so, Who? 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?	
Would you like to give a Dvar Torah on a Sat. morning	

**2. OTHER INFORMATION:** (please initial your/spouse name). We need you. Which of the following areas might be of interest?

Programming: Event Planning	Young Professionals Group	Development/Fundraising
Help w/Kiddush or other events	Adult Education	Professional writing expertise
Friday Night Dinners	Youth/Hebrew School	Professional graphic design expertise
Serve as a Building Captain/Neighborhood Leader. Help distribute flyers in your neighborhood	Hesed. Community Service Program. Bikur Cholim.	
Membership Outreach	Building	

**3. WHAT ELSE MIGHT BE OF INTEREST TO YOU? WHAT ELSE WOULD YOU LIKE TO SEE?** Please describe. Would you be willing to assist?

---



---

**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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For Membership Forms received by AUGUST 27, 2010, tickets will be mailed. Otherwise, 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. Initial & Date:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_