

# The Boston Synagogue

## Join or Renew Today! Membership Application for 2011-12!

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<br>17 & under: \$75 |             |                               |

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

**OUR MEMBERSHIP CYCLE RUNS FROM AUGUST 1, 2011 TO JULY 31, 2012**

|   | ADULT #1 | ADULT #2 |
|---|----------|----------|
| Adult's Last Name (s)   |          |          |
| Adult's First Name (s)  |          |          |
| Hebrew Names<br>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. NOT AMERICAN EXPRESS**

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Sec. Code \_\_\_\_\_

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 Haftorah?   |                         |
| 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/Co-Host         | Bikur Cholim/Hesed                    | Serve as a Building Captain/Neighborhood Leader |
| Adult Education                          | Friday Night Dinners           | Development/Fundraising               | Distribute flyers in your neighborhood          |
| Youth/Hebrew School                      | Help w/Kiddush or other events | Building/House                        | Professional writing expertise                  |
| Social Action/ Community Service Program | Membership                     | Professional graphic design expertise |   |

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

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**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 SEPTEMBER 1, 2011, 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:** \_\_\_\_\_