

# YOUNG PRO'S TRIAL MEMBERSHIP Application for 2011-12!

*A first time membership opportunity for 20s & 30s*

Please include payment with check issued to: THE BOSTON SYNAGOGUE or make payment on our website using PAYPAL.  
If you have any questions, please Call: 617-523-0453. Email: office@bostonsynagogue.org Visit our Website: www.bostonsynagogue.org

MEMBER PRICING	NO. HIGH HOLY DAY SEATS INCLUDED IN MEMBERSHIP	PRICE	TOTAL NO. SEATS/ TOTAL MONIES
Couple Membership	two	\$250	
Single Membership	one	\$135	

Payment options:  Check enclosed  PayPal  
 How did you hear about us?  
 Ads/Website  JewishBoston.com  
 Other: \_\_\_\_\_

## 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 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		

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

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

**WE ARE 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?
Are you capable of reading the Torah, or would like to anniversary a Bar/Bat Mitzvah Portion? Which one?	
Are you capable of reading the Haftarah?	
Are you able to lead services?	

**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	Other:

**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 us!

Name	Street	City	State	Zip	Email
_____	_____	_____	_____	_____	_____

For Membership Forms received by SEPTEMBER 15, 2011, tickets will be mailed. Otherwise, tickets may be picked-up at the synagogue.

I/We hereby apply for a YP TRIAL MEMBERSHIP at The Boston Synagogue and, if accepted, agree to pay annual dues as fixed by the Board of Trustees. Initial & Date:

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