

RAMAT SHALOM SYNAGOGUE NEW MEMBER APPLICATION

11301 W. Broward Boulevard, Plantation, FL 33325 * 954-472-3600 * 954-472-3622 Fax

Early Childhood & Torah School *954-424-3164

June 1, 2016 to May 31, 2017

Household Information

Family Last Name _____

Residence Address _____

City, State & Zip _____

Home Phone _____

Does Ramat Shalom have permission to share your contact information with the congregation? Y/N _____

____ Married (date) ____/____/____ Single _____ Widowed _____ Divorced _____ Separated _____

Adult 1

Adult 2

First/Last Name _____

First/Last Name _____

Hebrew Name _____

Hebrew Name _____

Date of Birth _____

Date of Birth _____

E-Mail _____

E-Mail _____

Cell Phone _____

Cell Phone _____

Occupation _____

Occupation _____

Business Name _____

Business Name _____

Address _____

Address _____

Business Phone _____

Business Phone _____

Child (to age 26)

Child (to age 26)

Name _____ Gender _____

Name _____ Gender _____

Hebrew Name _____

Hebrew Name _____

Birth Date _____ Date Bar/Bat _____

Birth Date _____ Date Bar/Bat _____

Name of School _____

Name of School _____

Secular School Grade as of 8/2016 _____

Secular School Grade as of 8/2016 _____

Email if college student _____

Email if college student _____

Child (to age 26)

Child (to age 26)

Name _____ Gender _____

Name _____ Gender _____

Hebrew Name _____

Hebrew Name _____

Birth Date _____ Date Bar/Bat _____

Birth Date _____ Date Bar/Bat _____

Name of School _____

Name of School _____

Secular School Grade as of 8/2016 _____

Secular School Grade as of 8/2016 _____

Email if college student _____

Email if college student _____

Do You Have Loved Ones Whose Names You Would Like Placed On Our Yahrzeit List?

Name _____ Relationship To / Relative Of _____

English Date Of Death _____ Time of Death (before or after sundown) _____

Name _____ Relationship To / Relative Of _____

English Date Of Death _____ Time of Death (before or after sundown) _____

Name _____ Relationship To / Relative Of _____

English Date Of Death _____ Time of Death (before or after sundown) _____

Please attach extra pages if necessary. Unless otherwise requested, Hebrew dates will be observed.

Are You Or Your Spouse Related To Any Ramat Shalom Members? If yes, complete line below.

Member _____ Relationship _____

Payment For Year June 1, 2016 to May 31, 2017

PLEASE REFER TO THE "MEMBERSHIP INFORMATION/FEES" SHEET TO COMPLETE THE FOLLOWING:

Membership Dues (see fee sheet): _____	Bar/Bat Mitzvah Fee 6 th & 7 th Gr. - \$680: _____
Reg. Renewal Fee-\$100 (after 5/31): _____	ISERVE Program Grades 8-12 - \$180/child: _____
Welcome Home Program (\$972): _____	Kochavim (Youth Choir) - \$54/child: _____
Test Drive (\$360 + Torah School): _____	Donation- 2016 Renovation Project: _____
Student Affiliate Grades K-2 (\$654): _____	Donation-Membership Dues Assistance Fund: _____
Maintenance Fund (see fee sheet): _____	
Torah School Tuition (see fee sheet): _____	SUB – TOTAL: \$ _____
TS Registration Fee - \$75 (after 5/31): _____	INSTALLMENT FEE (see below) _____
	TOTAL: \$ _____

Separate applications for Torah School and Youth Groups must be completed for each child.

The congregational year for Ramat Shalom begins June 1st. I understand that membership dues are payable annually, and are not transferable or refundable. In the event that I am unable to meet any of these payments, or require a change in my payment arrangement, it is my obligation and responsibility to notify the Executive Director to avoid losing my membership-in-good-standing and the attendant rights.

Signature _____ Date _____

_____ **Payment In Full** Check # _____ Check Amount Enclosed: \$ _____

_____ **Four (4) Installments** (June 1, Aug. 1, Oct. 1, Dec. 1, 2016) *Installment fee of \$10 per payment*

_____ **Ten (10) Installments** (Must renew & pay first installment by May 31, 2016) *Installment fee of \$10 per payment*

PLEASE NOTE: If you are not paying in full at this time, post-dated checks or credit card information must be included.

Am. Express, Visa, MasterCard, Discover Account # _____ Exp. Date _____

Credit Card Billing Address _____

Print Name (as it appears on credit card) _____

Signature of Cardholder authorizing Ramat Shalom to **automatically charge the above credit card** according to the method of payment specified above:

Signature _____ Printed Name _____ Date _____