



West End Synagogue
 A Reconstructionist Congregation
 190 Amsterdam Ave., New York, NY 10023
 TEL. (212) 579-0777 FAX (212) 579-2669
www.westendsynagogue.org
2017 Membership Application

Date _____
 Name(s) to use on mailing labels _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 How did you hear about West End Synagogue? _____

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Adult 1: Name _____
Birth Date _____ **Marital Status (optional)** _____ **Anniversary** _____
Jewish: Yes/ No (see below) **Hebrew Name** _____
Cell Phone # _____ **Email** _____
Occupation _____ **Business Name** _____
Work Phone _____ **Work Fax** _____
Read/ Write Hebrew: Yes/ No **Read Torah/ Haftarah: Yes/ No** **Sing/ Play a musical instrument: Yes/ No**
Other relevant skills, abilities or interests: _____

Adult 2: Name _____
Birth Date _____ **Marital Status (optional)** _____ **Anniversary** _____
Jewish: Yes/ No (see below) **Hebrew Name** _____
Cell Phone # _____ **Email** _____
Occupation _____ **Business Name** _____
Work Phone _____ **Work Fax** _____
Read/ Write Hebrew: Yes/ No **Read Torah/ Haftarah: Yes/ No** **Sing/ Play a musical instrument: Yes/ No**
Other relevant skills, abilities or interests: _____

Notes:

- We welcome non-Jewish partners and encourage them to participate in the life of our community. If you have questions or concerns in this area, feel free to contact the Rabbi at extension 226.
- Names, addresses, phone numbers, and children's names will be included on our community list. If you do not want any of these items to be listed, please let us know.

West End Synagogue 2017 Membership Application

Children:

<u>Name</u>	<u>Grade</u>	<u>Gender</u>	<u>Hebrew Name</u>	<u>Date of Birth</u>	<u>School</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

.....

Yahrzeit Information *(if you would like to be reminded of the anniversary of the death of a loved one)*

<u>Name</u>	<u>Related to?</u>	<u>Relationship</u>	<u>Date of Death</u>	<u>Died before or after sundown?*</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* **Note:** The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.

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Interests: (Please indicate which person is interested in each selection)

<input type="checkbox"/> ___Adult Education	<input type="checkbox"/> ___Fundraising	<input type="checkbox"/> ___Membership
<input type="checkbox"/> ___Bible, Text Study	<input type="checkbox"/> ___Garden	<input type="checkbox"/> ___Retreat
<input type="checkbox"/> ___Bikkur Cholim <i>(helping members in time of illness)</i>	<input type="checkbox"/> ___Hebrew, Beginners <input type="checkbox"/> ___Hebrew Conversation	<input type="checkbox"/> ___Ritual <input type="checkbox"/> ___Social Action
<input type="checkbox"/> ___Book Club	<input type="checkbox"/> ___Israel Connections	<input type="checkbox"/> ___Spiritual Aging Initiative
<input type="checkbox"/> ___Communications/Publicity	<input type="checkbox"/> ___JFLL [<i>Jewish Family Life & Learning</i>]	<input type="checkbox"/> ___Torah Study
<input type="checkbox"/> ___Family Programming	<input type="checkbox"/> ___Kiddush	<input type="checkbox"/> ___Volunteer in the office

Other _____

The undersigned hereby gives permission for pictures/identification of any family members to be used in advertisements, websites, news coverage or publicity.

Signature _____ **Date** _____

Signature _____ **Date** _____

Financial Obligations of Members

The synagogue's fiscal year is 1/1 - 12/31

Fair Share Dues

Fair Share affirms our community's values of accessibility to WES membership, social justice and individual responsibility to the community. On the following page you will find a '**Fair Share Pledge Form**' for your membership dues. All members are asked to pledge their dues by January of each year based on the attached dues schedule. All financial obligations to the synagogue must be paid in full before High Holy Day tickets are mailed.

Building Fund

New members are expected to contribute at least \$200 per year, starting in the third year of membership until a total of \$1,000 has been paid to the building fund.

Your membership includes High Holy Day Tickets – one adult ticket for single adult member households and two adult member households receive two adult tickets. All members receive tickets for children under 22 years of age.

Jewish Family Life & Learning (JFLL) Tuition & Fees (2016-17 / subject to change)

Tuition per student: Members, \$1100 Nonmembers, \$1300 (grade 3 only)

Book/Activity Fee per student: \$200

Feel free to contact our Treasurer through our Executive Director's office at 212-579-0777, ext. 220, to discuss any special financial arrangements.



West End Synagogue

Fair Share NEW MEMBER Dues Form for the year January 1, 2017 to December 31, 2017

As part of our obligation to create a *kehillah kedoshah* – a holy community – we each assume responsibility for meeting the costs of maintaining and operating our synagogue. Our Fair Share Dues system allocates a portion of that financial responsibility among our community's members based on their household income. Most of the remaining funds needed are supplied through voluntary contributions.

For the assessment of your Fair Share dues, you are not asked to disclose details concerning your income, nor are any financial documents required. Rather, we ask only that each member of the community report and accept the dues justly applicable to them by pledging their Fair Share dues level as honestly and as accurately as possible. All financial information is treated confidentially.

To ensure that dues levels are assessed on a fair and consistent basis for all members, you should determine your Fair Share category based on the amount reported for 'adjusted gross income' on your most recently filed IRS Form 1040. If your financial circumstances have changed significantly during the year such that the payment of dues in that category would be a hardship, please contact the Executive Director or Treasurer, in confidence, to arrange an adjustment in your dues assessment.

Name(s): _____

Address: _____ Phone: _____

Fair Share Dues Schedule: (Please circle your 2017 dues category.)

Annual Income	Indiv. Category	Reg. Dues	Special 1 st Year Dues	Family Category	Reg. Dues	Special 1 st Year Dues
Under \$30,000	S2	\$383	\$192	F2	\$575	\$288
\$30,000 - 39,999	S3	\$590	\$295	F3	\$765	\$383
\$40,000 - 49,999	S4	\$770	\$385	F4	\$1,020	\$510
\$50,000 - 59,999	S5	\$1,030	\$515	F5	\$1,200	\$600
\$60,000 - 69,999	S6	\$1,190	\$500	F6	\$1,420	\$710
\$70,000 - 79,999	S7	\$1,425	\$500	F7	\$1,640	\$820
\$80,000 - 89,999	S8	\$1,650	\$500	F8	\$1,800	\$900
\$90,000 - 99,999	S9	\$1,780	\$500	F9	\$2,060	\$900
\$100,000 - 124,999	S10	\$2,040	\$500	F10	\$2,425	\$900
\$125,000 - 149,999	S12	\$2,420	\$500	F12	\$2,850	\$900
\$150,000 - \$174,999	S14	\$2,940	\$500	F14	\$3,440	\$900
\$175,000 - \$199,000	S16	\$3,100	\$500	F16	\$3,725	\$900
\$200,000 - \$249,999	S20	\$3,400	\$500	F20	\$3,975	\$900
\$250,000 - \$349,999	S24	\$3,775	\$500	F24	\$4,330	\$900
\$350,000 - \$500,000	S25	\$3,940	\$500	F25	\$4,500	\$900
Over \$500,000	S26	\$4,180	\$500	F26	\$4,700	\$900
Students	S11	\$370	\$185	F11	\$540	\$270
Out of Town (HHD tickets not included)	S13	\$370	\$185	F13	\$540	\$270

Special New Member Dues Rate! In your first year of WES membership, pay discounted dues that is the lesser of a) one-half of the regular dues for your Fair Share category, or b) \$500 for individual or \$900 for family membership. Membership includes High Holy Day tickets for adult members and their children under age 22.

- For new members joining before the High Holy Days, the Special First Year membership rate covers 2017 including High Holy Day tickets for 2017. Regular membership rates will begin in January, 2017.
- For new members joining after the High Holy Days, the Special First Year membership rate covers through 2017 including High Holy Day tickets for 2017. Regular membership rates will begin in January 2018.

Please fill in both sides of this form, circle your dues category and pay the amount indicated in the applicable Special 1st Year Dues Column.

Members are obligated to contribute a total of \$1,000 to the Building Fund at the minimum rate of \$200 per year beginning in the third year of membership.

Over →

West End Synagogue Fair Share NEW MEMBER Dues Form

For the year January 1, 2017 to December 31, 2017

Please write in the amount of your dues below and sign at the end of this paragraph. Please note that to become or remain a member in good standing, you must complete this section in its entirety, as your membership dues are your commitment to your community.

- I AM/WE ARE IN THE FOLLOWING DUES CATEGORY (e.g., S14, F25)
 (enter category code from Schedule on reverse side)
- THEREFORE, MY/OUR DUES AMOUNT FOR THE REMAINDER OF 2017 IS \$.....

“I/We realize that as a member of the West End Synagogue community I/we am/are committing to be a part of a *kehillah kedoshah*, a sacred community. In acceptance of that responsibility, I/we hereby pledge my/our Fair Share Membership Dues which I/we have fully assessed.”

I/We understand that a new Dues Self-Assessment form must be submitted each year.

Signature(s):

Operating Fund:

Members are asked to contribute voluntarily an additional 10% of their dues to the Operating Fund to sustain the congregation.

- I/We pledge an additional 10% of my/our dues in the amount of \$.....
- I/We pledge another amount to the Operating Fund of \$.....

Building Fund payment (\$200 per year, beginning in the third year of membership, until total of \$1,000 is paid) \$.....

TOTAL AMOUNT DUE \$_____

PAYMENT:

At least 50% of the full Synagogue dues assessment payment is required by March 15.
Full payment of all amounts due to the synagogue, for dues or other items, is required by June 15.

Amount paid by check or to be charged to my credit card at this time: \$.....

- Please select one:**
- My check is enclosed.
 - I am paying by credit card (Enter information below). West End Synagogue is charged a 3% fee on credit card transactions. If you select credit card, please consider adding a voluntary contribution to the Operating Fund (see above) of 3% of your dues.

I/we further authorize West End Synagogue to charge my/our credit card, in equal monthly installments through June 15, 2017, for the balance of the Total Amount Due stated above.

Please maintain this credit card on file at West End Synagogue for payment toward events, fees, etc.

Visa MC Am Ex

Credit Card number: _____ Exp. Date: _____ Security Code: _____

Name, exactly as it appears, on the credit card _____

Signature(s): _____ Date: _____

West End Synagogue believes that an inability to pay should never be a barrier to membership or education. Special consideration will be given to circumstances that prevent you from meeting any part of your financial commitment. If accommodations are needed, please contact the synagogue Executive Director or Treasurer to discuss in confidence dues assessment or payment arrangement. **It is your responsibility to initiate such a discussion.**