

Jeffrey Wohlgelernter
Rabbi

Todd Salovey
President

Brian Zimmerman
Past President



Craig Glasser
Treasurer

Abraham Loebenstein
Secretary

Harvey Brenner
VP of Fundraising

July 1, 2018

Greetings,

Thank you for your interest in membership with Congregation Adat Yeshurun. Attached please find the necessary membership forms which must be completed and returned to our office. It is important that you complete every form in the package. The forms are:

1. Membership Information/Yahrzeit Information/Children's Information
2. Wish to Participate Form
3. Dues Schedule for the current membership year
4. Credit Card Authorization Form

Please note the dates you provide must be complete with day, month, and year. You may provide either a Hebrew or English date, but we must have all three pieces of information to ensure accurate and timely Yahrzeit notices are sent to you. Hebrew names should be as complete as possible (i.e. Yaacov ben Avraham or Yael bat Dovid) and written in English.

Please return the completed forms as soon as possible to the office via email, fax or mail. If you have received this form via e-mail in Word Format you have the option of completing the form within the attachment and e-mailing back. Feel free to contact me if you have any questions or need assistance completing the forms.

Kindest regards,

Annette Olson
Synagogue Manager
Congregation Adat Yeshurun

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Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Congregation Adat Yeshurun to use the image of my child(ren), _____ . Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Congregation Adat Yeshurun Web site or the Adat Facebook Web page(s).

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records and email, mail or fax the original to:

Annette Olson
Executive Administrator
Congregation Adat Yeshurun
8625 La Jolla Scenic Dr. N.
La Jolla, CA 92037
annette@adatyeshurun.org
Fax to (858) 535-0037

If you have questions, contact Annette Olson at (858) 535-1196 Opt 2.

ADAT YESHURUN MEMBERSHIP

YOUR MEMBER INFORMATION

Name:

Title:	Home Phone:	Cell Phone:
Address:		
City:	State:	ZIP Code:
Email:		Work Phone:
Hebrew Name:		Birth Date:
Father's Hebrew Name:		Wedding Anniversary Date:
Mother's Hebrew Name:		

MEMBER SPOUSE INFORMATION

Name:

Title:	Home Phone:	Cell Phone:
Address:		
City:	State:	ZIP Code:
Email:		Work Phone:
Hebrew Name:		Birth Date:
Father's Hebrew Name:		
Mother's Hebrew Name:		

CHILDREN'S INFORMATION

Name:

Hebrew Name:		Birth Date:
Bar/Bat Mitzvah Date:		Current Grade in School:
Email:	School of Attendance:	

Name:

Hebrew Name:		Birth Date:
Bar/Bat Mitzvah Date:		Current Grade in School:
Email:	School of Attendance:	

Name:

Hebrew Name:		Birth Date:
Bar/Bat Mitzvah Date:		Current Grade in School:
Email:	School of Attendance:	

Name:

Hebrew Name:		Birth Date:
Bar/Bat Mitzvah Date:		Current Grade in School:
Email:	School of Attendance:	

NAME:

Hebrew Name:		Birth Date:
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ADAT YESHURUN MEMBERSHIP

Bar/Bat Mitzvah Date:

Current Grade in School:

Email:

School of Attendance:

Yahrzeit Information

Please provide the Yahrzeit information you would like on file, listing each person separately. Please remember your date information MUST BE COMPLETE to ensure accurate and timely receipt of Yahrzeit notices. **Please provide *all three* of the following information: *month, day and year of death*. You may provide either the Hebrew or English date of death.**

FOR YOU:

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death (MM/DD/YY):

Before or After Sunset?

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death (MM/DD/YY):

Before or After Sunset?

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death (MM/DD/YY):

Before or After Sunset:

FOR YOUR SPOUSE:

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death (MM/DD/YY):

Before or After Sunset:

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

Date of Death (MM/DD/YY):

Before or After Sunset:

Name (Last, First):

Hebrew Name (translated into English):

Relationship of deceased to member:

ADAT YESHURUN MEMBERSHIP

Date of Death (MM/DD/YY): _____

Before or After Sunset: _____

WISH TO PARTICIPATE

Please consider joining one of the following committees. All are critical to the functioning of the shul. If you have any questions as to the responsibilities involved with any of these committees, please contact our President, Todd Salovey at info@adatyeshurun.org or (858) 535-1196.

Member:	Member Spouse:
<input type="checkbox"/> Bikur Cholim	<input type="checkbox"/> Bikur Cholim
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Finance Committee
<input type="checkbox"/> Guest Hospitality (i.e. meals and/or sleeping accommodations)	<input type="checkbox"/> Guest Hospitality (i.e. meals and/or sleeping accommodations)
<input type="checkbox"/> Kiddush (i.e. set up on Shabbos or prepare salads prior to Shabbos)	<input type="checkbox"/> Kiddush (i.e. set up on Shabbos or prepare salads prior to Shabbos)
<input type="checkbox"/> Marketing & PR	<input type="checkbox"/> Marketing & PR
<input type="checkbox"/> Membership Committee	<input type="checkbox"/> Membership Committee
<input type="checkbox"/> Neighborhood Liaison	<input type="checkbox"/> Neighborhood Liaison
<input type="checkbox"/> Office Assistance	<input type="checkbox"/> Office Assistance
<input type="checkbox"/> Security Teams/Team Leaders	<input type="checkbox"/> Security Teams/Team Leaders
<input type="checkbox"/> Shul Ushering	<input type="checkbox"/> Shul Ushering
<input type="checkbox"/> Social Events Committee	<input type="checkbox"/> Social Events Committee
<input type="checkbox"/> Spring Fundraiser Committee	<input type="checkbox"/> Spring Fundraiser Committee
<input type="checkbox"/> Youth Program Development	<input type="checkbox"/> Youth Program Development

ANNUAL MEMBERSHIP DUES SCHEDULE

Effective July 1, 2018 through June 30, 2019

We offer membership rates in the following categories, please indicate the type of membership you would like. Your membership includes you and your spouse and dependent children. Please contact Annette at info@adatyeshurun.org to inquire about Associate Membership Rates

Membership Categories	Annual Dues Rate/Associate Rate
Family/Couple Membership	\$2,500.00/ \$1,300.00
Single Parent Family Membership	\$1,250.00/\$750.00
Single Person Membership	\$1,250.00/ \$750.00
Full-time College Student Membership	\$325.00

If you join after January 1st, but prior to June 30th of the current membership year your membership dues will be prorated as follows:

Family/Couple Membership	\$1,250.00/ \$750.00
Single Parent Family Membership	\$625.00/ \$375.00
Single Person Membership	\$625.00/ \$375.00
Full-time College Student Membership	\$165.00

ANNUAL SECURITY FEE ASSESSEMENT

ADAT YESHURUN MEMBERSHIP

The Annual Security Fee Assessment is a required fee payable by each member unit to help offset the costs of providing a security officer for our facility on Weekdays, Sundays, Shabbos, Yom Tovim and for other special events throughout the year. The annual amount is \$210.00 billed on July 1, 2018. Payment Plans are 1 Payment, 4 Quarterly Payments or 12 Monthly Payments. Please select the payment plan below.

- One Payment billed July 15th of each year.
- 4 Quarterly Payments – first payment is July 15th of each year.
- 12 Monthly Payments – first payment is July 15th of each year.

CREDIT CARD AUTHORIZATION FORM

We accept American Express, MasterCard and Visa. Please complete the following and return to the Shul office (attention Annette Olson) either by email: Annette@adatyeshurun.org or fax to (858) 535-0037 or mail to Congregation Adat Yeshurun 8625 La Jolla Scenic Dr. N. La Jolla, CA 92037

The membership year is from July 1st through June 30th of the following year. **Payment of dues must commence in July of each membership year, or the month in which you begin your membership, and your dues must be paid in full by the end of the current membership year.**

Name:

Date:

ANNUAL MEMBERSHIP PAYMENT PLAN

I would like to make my dues payment over (please select one of the following options by checking the appropriate box). **You must select one of the following options.**

- 1 Payment
- 4 Consecutive monthly payments
- 6 Consecutive monthly payments
- 8 Consecutive monthly payments
- 12 Consecutive monthly payments

OPERATIONS EXPENSES PAYMENT ELECTION

Would you like your operations expenses (e.g. Annual Security Assessment Fee, shul events/dinners/shabbatons, lulav & etrog, shmurah matzoh, anything other than membership dues or Kol Nidre Pledge) automatically charged to your credit card when incurred? If you elect no, then payment for expenses are due when incurred via another form of payment.

- Yes
- No

KOL NIDRE PLEDGE PAYMENT ELECTION

Would you like your Kol Nidre Pledge automatically charged to your credit card? Please select appropriate box.

- Yes. Over how many months?
- No

VOLUNTARY BUILDING MAINTENANCE FUND DONATION

We do not have a Mandatory Building Maintenance Fund, but it is difficult to fund all of our Capital Maintenance Expenses and Improvements from our Operations Income. Please won't you help your Adat Yeshurun Community and make a donation towards the Building Maintenance & Capital Improvements Fund?

\$36	\$72	\$108	\$180	\$360	\$500	Other \$
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I hereby authorize Congregation Adat Yeshurun to debit my credit card for my annual membership dues, operational expenses, Kol Nidre Pledge and Voluntary Building Maintenance Fund in accordance with my selections noted above. **This authorization shall remain in effect each year until Congregation Adat Yeshurun receives WRITTEN Notification of Cancellation.**

ADAT YESHURUN MEMBERSHIP

Credit Card Number:

Expiration Date:

CVV Security Code

Name as it appears on the credit card:

Signature:
