

**Associate Membership Application**

***Member Information***

Name(s):­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # Adult 1: H C W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # Adult 2: H C W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Adult 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Adult 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Synagogue at which you are a full-time member/members: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Were you previously members at Or Hadash? If so, when? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

What types of events at Or Hadash would you like to attend through your associate membership? (Check all that apply.)

▢ Shabbat Services ▢ Social Events ▢ Adult Education

▢ Holiday Observances ▢ Havurot (Social Interest Group) Events/Gatherings

▢ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please consult this chart to find out your dues commitment and fill in the chart below.***

|  |  |
| --- | --- |
| **Membership Type** | **Membership Rate** |
| **2 Adult Member Rate –** two adult household and their dependent children through 25 years of age.  | $540  |
| **1 Adult Member Rate –** one adult household and dependent children through 25 years of age.  | $360 |

|  |  |  |
| --- | --- | --- |
|  **Membership Dues** | See types and amounts in table above |  |
| **Security Fee** | Annual Fee | $ **50.00** |
| **Total** |  |  |

***How To Pay Membership Dues***

Please review the three payment methods and options on this form and check one.

▢ Check enclosed – *Please select one payment schedule below:*

▢ Single payment (due now)

▢ Pay biannually (1st half is due now)

▢ Set up one-time or recurring automatic payments via your bank account or credit card. You must do this in ShulCloud yourself. Please note that a fee of 3% will be added to your account for all credit card charges related to dues, tuition, or the building fund. If you pay by ACH (an electronic check from a savings or checking account), there is no fee for any charges. (Please read the next page.)

▢ I will make a one-time transfer of \_\_\_\_\_\_\_\_\_ stock on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. *Please contact the Treasurer at* *treasurer@orhadash.com* *for the information necessary to make a transfer.*

**PLEASE PRINT YOUR NAME AND THEN SIGN AND DATE THIS FORM**
Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional notes regarding automatic deductions (aka the fine print!):**
-You agree to notify Or Hadash in writing of any changes to your account information or termination of this authorization no less than 15 days prior to the next due date of the charges.

-You agree to have your payments made by the end of the fiscal year of Or Hadash which is June 30. For example, if you start making payments in October, you cannot divide it into more than 9 payments.

-You understand that because this is an electronic transaction, these funds will be withdrawn from your checking or savings account automatically.

-You acknowledge that the origination of ACH/checking or savings account transactions must comply with provisions of U.S. Law.

-You agree to not dispute the synagogue’s recurring billing with your bank or credit card company so long as the transactions correspond to the terms of this agreement.