



Membership Application 2017-2018 (5778)

For Office Use Only
Door/Section/Row/Seat

____ / ____ / ____

(1) Last Name _____ First _____

(1) Occupation _____ Work phone _____

(1) Cell phone _____ Birth date (MM/DD/YY) _____

(1) E-mail Address: _____

(2) Last Name _____ First _____

(2) Occupation _____ Work phone _____

(2) Cell phone _____ Birth date (MM/DD/YY) _____

(2) E-mail Address: _____

Wedding Anniversary (MM/DD/YR) _____

Home Address _____

City: _____ State _____ Zip _____

Home Telephone _____

Do you want the Newsletter sent to you by U.S. mail or E-mail? U.S. mail [] (\$24 per year)

E-mail [] (Free)

PLEASE CHECK ALL APPLICABLE BOXES BELOW

***VIP Membership – _____ @ \$5,000 or \$5,150 with credit card =** \$ _____
Includes High Holiday reserved seats for two adults and your dependent children, under the age of 18 and/or your dependent college students under the age of 26.

***Double Chai Family Membership - _____ @ \$3,600 or \$3,708 with credit card =** \$ _____
Includes High Holiday reserved seats for two adults and your dependent children, under the age of 18 and/or your dependent college students under the age of 26.

***Chai Family Membership - _____ @ \$1,800 or \$1,854 with credit card =** \$ _____
Includes High Holiday reserved seats for two adults and your dependent children, under the age of 18 and/or your dependent college students under the age of 26.

***Mitzvah Family Membership - _____ @ \$1,600 or \$1,648 with credit card =** \$ _____
Includes High Holiday reserved seats for two adults and your dependent children, under the age of 18 and/or your dependent college students under the age of 26.

Newlywed Membership: - \$0 \$ 00.00
If married this year by our Rabbi or Associate. Includes 2 Adult High Holiday tickets.

***Family Membership w/children: - _____ @ \$1,449 or \$1,493 with credit card =** \$ _____
Includes High Holiday seats for two adults and your dependent children, under the age of 18 and/or your dependent college students under the age of 26. (see pg. 2)

***Single Membership w/children: - _____ @ \$725 or \$747 with credit card =** \$ _____
Includes High Holiday seats for one adults and your dependent children, under the age of 18 and/or your dependent college students under the age of 26. (see pg. 2)

Subtotal (Transfer this amount to other side) \$ _____

(Turn page over and continue to fill out application)

Subtotal (Transferred from other side) \$ _____

Couple Membership: - _____ @ \$1,176 or \$1,212 with credit card = \$ _____
Includes 2 Adult High Holiday tickets. **NO CHILDREN**

Single Membership: - _____ @ \$588 or \$606 with credit card = \$ _____
Includes 1 Adult High Holiday ticket. **NO CHILDREN**

Senior Couple Membership (over 65): - _____ @ \$964 or \$993 with credit card = \$ _____
Includes 2 Adult High Holiday tickets.

Senior Single Membership (over 65): - _____ @ \$482 or \$496 with credit card = \$ _____
Includes 1 Adult High Holiday ticket.

Individual member tickets: - _____ @ \$100 or \$103 with credit card = \$ _____

Individual non-member tickets: - _____ @ \$200 or \$206 with credit card = \$ _____

* **Children's tickets** _____ @ \$100 or \$103 with credit card = \$ _____
For dependent children under the age of 18 or dependent college students
Under the age of 26.

High Holiday Prayer Books _____ @ \$15 = \$ _____

Yizkor Book of Remembrance: Suggested Contribution \$18 \$ _____

Mailed Subscription to Valley Outreach Monthly Newsletter _____ @ \$24 \$ _____
(E-mailed Valley Outreach Monthly Newsletter is free)

Sisterhood Membership \$25 \$ _____

Men's Club \$60 \$ _____

Additional Mitzvah Contribution \$ _____

Total Amount \$ _____

Fill out below for dependent children

*Please include _____ Membership tickets for your **dependent children *under the age of 18*** or **dependent college students *under the age of 26*** (Children's section of Membership Application below **MUST BE COMPLETED** to order children's tickets)

**THIS SECTION MUST BE COMPLETED WHEN ORDERING
CHILDREN'S TICKETS FOR ALL MEMBERS AND NON-MEMBERS
DEPENDENT CHILDREN UP TO AGE 26**

Children's Names (Please print)		Birth date	Grade	Will be attending
First Name	Last Name	(MM/DD/YR)	in school	Children's Services Yes/No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**It is also essential that we know how many children will be attending the children's service.
Use additional paper if necessary.**



Valley Outreach Synagogue
& CENTER FOR JEWISH LIFE

Membership Payment Form

Paying by: _____ cash _____ check **OR**

Please charge my _____ VISA _____ MasterCard _____ American Express _____ Discovery

\$ _____

Account # _____ Exp. Date _____

Signature _____ Billing Zip Code _____ CVV _____

Please Print Your Name _____

Phone Number _____

Email _____

Valley Outreach Synagogue is a 501 (c) (3) nonprofit corporation, tax ID #20-4256980