



Membership Application 2018-2019 (5779)

26668 Agoura Road, Calabasas, CA 91302
Office 818-882-4867 Fax 818-882-4868 vosla.org

& Center for Jewish Life

This is a new form for new & current members to complete.

(Please print clearly)

(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 []
(\$36 per year)

E-mail []
(Free)

PLEASE CHECK ALL APPLICABLE BOXES BELOW

VOS - PILLAR Membership Levels:

Pillar membership includes High Holiday reserved seats, **if reserved wanted indicate below**, for two adults and your dependent children **under** the age of 18 and/or your dependent college students **under** the age of 26.

[] **Yes we want reserved seats.**

***Ner Tamid (Eternal Light) – \$ 18,000** \$ _____

***Magen David (Protector) – \$ 10,000** \$ _____

***Mitzvah (Giver) – \$ 5,000** \$ _____

***Double Chai – \$ 3,600** \$ _____

*** Chai – \$ 1,800** \$ _____

VOS Membership Levels:

Memberships w/children includes High Holiday tickets for two adults for Family memberships or one adult ticket for a single membership **and** your dependent children, **under** the age of 18 and/or your dependent college students **under** the age of 26

***Family Membership w/children:** - _____ @ \$ 1,725 \$ _____

(10% Discount for Jewels families) _____ @ \$ 1,552 \$ _____

***Single Membership w/children:** - _____ @ \$ 875 \$ _____

(10% Discount for Jewels families) _____ @ \$ 787 \$ _____

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

For Office Use Only
Door/Section/Row/Seat

_____/_____/_____/_____

Subtotal (Transferred from other side) \$ _____

VOS Membership Levels (continued):

Newlywed Membership: - \$0

If married this year by our Rabbi or Chaplain. Includes 2 Adult High Holiday tickets. \$ 00.00

Couple Memberships include – 2 Adult High Holiday tickets. Single Memberships include - 1 Adult High Holiday ticket.

Couple Membership (no children): - _____ @ \$ 1,300 \$ _____

Single Membership (no children): - _____ @ \$ 650 \$ _____

Senior Couple Membership (over 65): - _____ @ \$ 1,050 \$ _____

Senior Single Membership (over 65): - _____ @ \$ 525 \$ _____

Individual member tickets: - _____ @ \$ 110 \$ _____

Individual non-member tickets: - _____ @ \$ 225 \$ _____

Children’s tickets - _____ @ \$ 100 \$ _____

For dependent children under the age of 18 or dependent college students under age 26.

Security fee – Family & Couples membership: - \$ 110.00

Less credit if Single membership – reduce by \$ 55.00 \$ ()

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

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

Mailed Subscription to Valley Outreach Monthly Newsletter _____ @ \$36 \$ _____
(E-mailed Valley Outreach Monthly Newsletter is free)

Men’s Club \$60 \$ _____

Additional Mitzvah Contribution \$ _____

Total Amount \$ _____

Must complete below for dependent children

(Children’s section of Membership Application below **MUST BE COMPLETED** to order children’s tickets).

*Please include _____ Membership tickets for your dependent children **under the age of 18** or dependent college students **under the age of 26**

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
<u>First Name</u>	<u>Last Name</u>	<u>(MM/DD/YR)</u>	<u>in school</u>	<u>Children’s Services</u> <u>Yes/No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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



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& CENTER FOR JEWISH LIFE

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Membership Payment Form

PAYMENT OPTIONS (select one)

- My check in full payable to Valley Outreach Synagogue is enclosed
- Please charge my credit card for the full amount
- Please charge 50% to my credit card now and the balance on December 15, 2017

Paying by: ___ cash ___ check **OR**

Please charge my ___ Visa ___ Mastercard ___ American Express ___ Discover

If paying by credit card, we kindly ask that you reimburse VOS for the cost of processing your credit card transaction.

- Please check here to confirm that Valley Outreach Synagogue will be adding a 3% charge when paying with credit card to cover the credit card processing fees.

\$ _____

Credit Card # _____ Exp. Date _____

Signature _____ Billing Zip Code _____ CVV _____

Please Print Your Name _____

Phone Number () _____ - _____

Email Address _____

Each person who signs this form agrees: (a) To be responsible for the specified payments for the year of July 1, 2018-June 30, 2019; (b) That due to advance planning and budgeting for the year, the Synagogue does not prorate or offer refunds for dues, fees or tuition; and (c) That each of the undersigned must remain a member in good standing, and fulfill all financial commitments to Valley Outreach Synagogue, to receive services including VOS educational programs, High Holy Day tickets or maintaining Bar/Bat Mitzvah dates.