

RAMAT SHALOM SYNAGOGUE NEW MEMBER APPLICATION

11301 W. Broward Boulevard, Plantation, FL 33325 * 954-472-3600 * 954-472-3622 Fax

Early Childhood & Torah School *954-424-3164

2009 – 2010

Household Information

Residence Address _____

City, State & Zip _____

Home Phone () _____ Home Fax () _____

Billing Address (if different from above) _____

Married (date)___/___/___ Single___ Widowed___ Divorced___ Separated___

Adult 1

Adult 2

First/Last Name _____

First/Last Name _____

Hebrew Name _____

Hebrew Name _____

Date Of Birth _____

Date Of Birth _____

E-Mail _____

E-Mail _____

Cell Phone _____

Cell Phone _____

Occupation _____

Occupation _____

Business Name _____

Business Name _____

Address _____

Address _____

Business Phone _____

Business Phone _____

Business Fax _____

Business Fax _____

Child/ren (to age 23)

Child/ren (to age 23)

Name _____ Gender _____

Name _____ Gender _____

Hebrew Name _____

Hebrew Name _____

Birth Date _____ Date B/B/M _____

Birth Date _____ Date B/B/M _____

Name of School _____

Name of School _____

Secular School Grade as of 8/2009 _____

Secular School Grade as of 8/2009 _____

Name _____ Gender _____

Name _____ Gender _____

Hebrew Name _____

Hebrew Name _____

Birth Date _____ Date B/B/M _____

Birth Date _____ Date B/B/M _____

Name of School _____

Name of School _____

Secular School Grade as of 8/2009 _____

Secular School Grade as of 8/2009 _____

Do You Have Loved Ones Whose Names You Would Like Placed On Our Yahrzeit List?

Name _____ Relationship To/Relative Of _____

English Date Of Death _____ Time of Death (before or after sundown) _____

Name _____ Relationship To/Relative Of _____

English Date Of Death _____ Time of Death (before or after sundown) _____

Name _____ Relationship To/Relative Of _____

English Date Of Death _____ Time of Death (before or after sundown) _____

Please attach extra pages if necessary. Unless otherwise requested, Hebrew dates will be observed.

Are You Or Your Spouse Related To Any Ramat Shalom Members?

Member _____ Relationship _____

Payment For Year June 1, 2009 to May 31, 2010

PLEASE REFER TO THE "MEMBERSHIP INFORMATION/FEES" SHEET TO COMPLETE THE FOLLOWING:

Membership Dues: _____	Youth Group Grades 6-8-\$118/child: _____
Capital Campaign Donation: _____ (Each family is <u>urged</u> to participate in this fund to help reduce our mortgage balance.)	Youth Group Grades 9-12-\$136/child: _____
Maintenance Fund: _____	T3 Program-\$136/child: _____
Torah School Tuition: _____	Youth Choir (Kochavim) -\$50/child: _____
Bar/Bat Mitzvah Fee - \$459: _____	Sisterhood Dues -\$18: _____
TS Registration Fee- \$75 (after 5/31): _____	Membership Dues Reduction Fund: _____ (A gift of Tzedakah to assist other families)
Youth Group Grades 3-5 -\$90/child: _____	Installment Fee: _____
	TOTAL: \$ _____

Please note: Separate applications for Torah School and Youth Groups must be completed for each child.

The congregational year for Ramat Shalom begins June 1st. I understand that membership dues are payable annually in advance and are not pro-rated, transferable or refundable. In the event that I am unable to meet any of these payments, it is my obligation and responsibility to notify the Financial Secretary to avoid losing my membership in good standing and the attendant rights. Should I require a change in the payment arrangement in the future, I will discuss this with the Financial Secretary immediately.

Signature _____ Date _____

_____ Payment In Full Check Amount Enclosed: \$ _____

_____ Three (3) Installments (June 1, Sept. 1, Dec. 1, 2009) Installment fee of \$10 per payment

_____ Ten (10) Installments (Must renew & pay first installment by May 31 for this option – Installment fee of \$10 per payment)

PLEASE NOTE:

If you are not paying in full at this time, post-dated checks OR credit card information must be included.

Am. Express/Visa/ MasterCard Account Number _____ Expiration Date _____

Credit Card Billing Address _____

Print Name (as it appears on credit card) _____

Signature of Cardholder authorizing Ramat Shalom to **automatically charge the above credit card** according to the method of payment specified above: _____

Signature and Date

Whenever possible, Ramat Shalom would greatly appreciate your payment by check.

Credit card charges result in fees that utilize monies better spent on the improvement and continuation of our community. However, if you must pay by credit card, **American Express** is now our preferred credit card due to special rate program