



# MEMBERSHIP APPLICATION 2017-2018

PLEASE FILL IN ALL INFORMATION • PLEASE PRINT CLEARLY

FAMILY

NAME: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_

WEDDING ANNIVERSARY DATE: \_\_\_\_\_  
Month / Day / Year

**Rabbi Steven Henson Moskowitz**  
**Talya Smilowitz, Cantorial Soloist**  
**Kim Bertash, Education Director/Office Manager**  
**Lisa Weiner, President**

Date Joined: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## MEMBER 1 INFORMATION

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

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

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Cell Phone No.: (    ) \_\_\_\_\_

Personal Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_ Business Email: \_\_\_\_\_

## MEMBER 2 INFORMATION

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Address (if different) \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Cell Phone No.: (    ) \_\_\_\_\_

Personal Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Phone: (    ) \_\_\_\_\_ Business Email: \_\_\_\_\_

## PLEASE LIST ALL CHILDREN IN THE FAMILY

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ M\_\_F\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ M\_\_F\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ M\_\_F\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ M\_\_F\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

First Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ M\_\_F\_\_ Current Age \_\_\_\_ Gr. \_\_\_\_

### Yahrzeit Information\*

#### Date of Death

| Name of Deceased | Related to | Relationship | Month | Day | Year |
|------------------|------------|--------------|-------|-----|------|
|                  |            |              |       |     |      |
|                  |            |              |       |     |      |
|                  |            |              |       |     |      |
|                  |            |              |       |     |      |

\*Yahrtzeits will be observed according to the Hebrew Calendar, unless otherwise requested.

Please check any areas you would be interested in volunteering:

RELIGIOUS SCHOOL  
 SHARING & CARING  
 ONLINE NEWSLETTER

CHOIR  
 SOCIAL ACTION  
 FUNDRAISING

MEMBERSHIP  
 ADULT EDUCATION  
 PUBLIC RELATIONS  
 ENRICHMENT

SUGGESTIONS: \_\_\_\_\_

Please return to the office along with  
 billing information and/or Religious School registration  
 11 Temple Lane  
 Oyster Bay, NY 11771  
 Email • office@ldorvdor.org • www.ldorvdor.org



**MEMBERSHIP  
BILLING INFORMATION  
2017-2018**

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PLEASE PRINT CLEARLY

**Rabbi Steven Heneson Moskowitz**  
**Talya Smilowitz, Cantorial Soloist**  
**Kim Bertash, Education Director/Office Manager**  
**Lisa Weiner, President**

FAMILY NAME: \_\_\_\_\_

**Membership Dues & Fees:**

**Full Family/Senior (\$2,500)**                      **Single/Widow (\$1,000)**                      \$ \_\_\_\_\_

**Building Fund**

Full Family - \$2,500 payable yearly over 5 years                      \$ \_\_\_\_\_

Single/Widow - \$1,500 payable yearly over 3 years

**Religious School:**

**Religious School (includes supplies/activity fees)**

Grade 3 - 5: \$900.00 per child                      Grade 6 - 7: \$950.00 per child

**Additional Child (10% discount)**

Grade 3 - 5: \$810.00 per child                      Grade 6 - 7: \$855.00 per child

**K-2nd Grade Program**

**No Charge**

Entering Grade: \_\_\_\_\_ \$ \_\_\_\_\_

Entering Grade: \_\_\_\_\_ \$ \_\_\_\_\_

Entering Grade: \_\_\_\_\_ \$ \_\_\_\_\_

Entering Grade: \_\_\_\_\_ \$ \_\_\_\_\_

Bar/Bat Mitzvah Fee: \$1500 per child\* (if applicable) \$ \_\_\_\_\_

*\*payable prior to the start of lessons*

**TOTAL:** \$ \_\_\_\_\_

**Please include a Deposit with your application.** \$ \_\_\_\_\_

**BALANCE:** \$ \_\_\_\_\_

Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

V-Code \_\_\_\_\_ Zip Code Associated with Credit Card \_\_\_\_\_ Check#: \_\_\_\_\_