



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

2016-17 NEW FAMILY MEMBERSHIP DUES

Full Family/Senior: \$2,000.00
Building Fund: \$2,500.00 payable over 5 years

Single/Widow: \$750.00
Building Fund: \$1,500.00 payable over 3 years

RELIGIOUS SCHOOL/PROGRAM FEES

Religious School Tuition (includes supply/activity fees):

3rd - 5th grades: \$900.00 per child
6th - 7th grades: \$950.00 per child

10% Discount for each additional child in Religious School:

3rd - 5th grades: \$810.00
6th - 7th grades: \$855.00

B'nai Mitzvah/Oneg Fee:

(due prior to the start of lessons)
\$1,000.00 per child
\$250.00 oneg fee

Welcome to Judaism Program

Kindergarten to 2nd grade - no additional charge; included in membership.

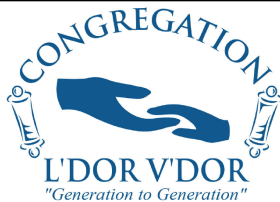
Confirmation Class/Youth Group

8th to 12th grades are automatically registered.
No additional charge; included in membership.

Any fees are based on the cost of events and are collected at events.

College Programs

College age children - no additional charge; included in membership.



MEMBERSHIP APPLICATION 2016-2017

PLEASE FILL IN ALL INFORMATION • PLEASE PRINT CLEARLY

FAMILY NAME: _____

ADDRESS: _____

HOME PHONE: () _____

FAX: () _____

ANNIVERSARY DATE: _____ / _____ / _____
Month Day Year

Rabbi Steven Henson Moskowitz
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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: ____ / ____ / ____ Gender: ___ M ___ F

First Name: _____ Birth Date: ____ / ____ / ____ Gender: ___ M ___ F

First Name: _____ Birth Date: ____ / ____ / ____ Gender: ___ M ___ F

First Name: _____ Birth Date: ____ / ____ / ____ Gender: ___ M ___ F

First Name: _____ Birth Date: ____ / ____ / ____ Gender: ___ M ___ F

Yahrzeit Information*

Date of Death

Name of Deceased	Related to	Relationship	Month	Day	Year

*Yahrzeits 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



**NEW MEMBERSHIP
BILLING INFORMATION
2016-2017**

PLEASE FILL IN ALL INFORMATION
PLEASE PRINT CLEARLY

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FAMILY NAME: _____

_____ Full Family/Senior _____ Single/Widow \$ _____

Building Fund \$ _____

Religious School Tuition/Fees and Programs:

Grade/Program _____ \$ _____

Grade/Program _____ \$ _____

Grade/Program _____ \$ _____

Grade/Program _____ \$ _____

TOTAL: \$ _____

Please include a Deposit with your application. \$ _____

BALANCE: \$ _____

PAID BY: Check #: _____ Amount#: _____

Credit Card# _____ Exp. Date _____ Sec. Code _____

Billing Address _____ Same as Family Address: Yes ___ No ___

Other: _____