

MARTHA'S VINEYARD HEBREW CENTER  
P O BOX 692, CENTER STREET  
VINEYARD HAVEN MASSACHUSETTS 02568-0692  
Telephone 508.693.0745 Facsimile 508.693.1350

## Membership Application 2010 – 2011

(The membership year is from June 1<sup>st</sup> – May 31st)

Application Date: \_\_\_\_\_

**Individual or member 1:** Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

\* From date: \_\_\_\_\_ to: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Secondary Address \_\_\_\_\_

\*From date: \_\_\_\_\_ to: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Member 1: Hebrew name \_\_\_\_\_ Birthday (optional) \_\_\_/\_\_\_/\_\_\_

**Member 2:** Last Name \_\_\_\_\_ First name \_\_\_\_\_

E-mail \_\_\_\_\_

Member 2: Hebrew name \_\_\_\_\_ Birthday (optional) \_\_\_/\_\_\_/\_\_\_

**Children's Names if applicable:** (only if part of family membership and they are living at home or in school or college) Continue on back of form, if needed

Child's name \_\_\_\_\_ Last name (if different) \_\_\_\_\_ M/F Birthday \_\_\_/\_\_\_/\_\_\_

Child's name \_\_\_\_\_ Last name (if different) \_\_\_\_\_ M/F Birthday \_\_\_/\_\_\_/\_\_\_

Child's name \_\_\_\_\_ Last name (if different) \_\_\_\_\_ M/F Birthday \_\_\_/\_\_\_/\_\_\_

**Yahrzeit** Do you want Yahrzeit names & dates listed? \_\_\_Yes \_\_\_No [If yes, notification will be sent to

you when the names of your loved ones will be announced at services]

(Please include COMPLETE date: Month – Day – Year / if passing occurred after sundown, please use the next days date) Use back of form for additional listings

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you a member of another congregation? \_\_\_ Yes / \_\_\_ No

Name of congregation & city \_\_\_\_\_

**Occupation/Profession:** Member 1: \_\_\_\_\_

Member 2: \_\_\_\_\_

**Talents or interests :** \_\_\_\_\_

Would you be interested in, or willing to participate in, any MVHC committees or activities?

**Areas of interest:** Social Action, Adult Education, Religious School, Ritual Practice, Spiritual, Membership, Fundraising & Development

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Religious experience/background:**

Reform\_\_\_\_\_, Conservative\_\_\_\_\_, Orthodox \_\_\_\_\_, Reconstructionist \_\_\_\_\_, Other\_\_\_\_\_.

**Please indicate:**

<b>INDIVIDUAL MEMBERSHIP</b>	<b>\$585</b>
<b>** FAMILY MEMBERSHIP</b>	<b>\$1,025</b>
<b>+ FAIR SHARE AMOUNT</b>	<b>\$_____</b>
<small>Any additional donation above basic membership</small>	
<b>Less SPECIAL CIRCUMSTANCES</b>	<b>\$_____</b>
<b>+ BUILDING FUND (** see below)</b>	<b>\$500</b>
<b>RELIGIOUS SCHOOL (one child)</b>	<b>\$400</b>
<b>RELIGIOUS SCHOOL (each additional child)</b>	<b>\$300</b>
<b>(School snack fee – per child)</b>	<b>\$ 50</b>

**MEMBERSHIP FEES 2010-2011**

**TOTAL FEES ENCLOSED** \_\_\_\_\_

[Visa & M/C and Discover are accepted as a method of payment for all MVHC dues and contributions]

\* Mail will normally be sent to your permanent address. If you want your mail sent to your secondary address, please indicate dates in appropriate box next to your address

\*\* A family membership includes parent(s) and all children under the age of 21 who are not married and who are not self-supporting, or still in school

\*\*\* New members are asked to make a one-time contribution of \$500 to the Building Fund. This may be paid over a 5-year period.

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