

MARTHA'S VINEYARD HEBREW CENTER  
P O BOX 692  
VINEYARD HAVEN MASSACHUSETTS 02568-0692  
Telephone 508.693.0745 Fax 508.693.1350  
[office@mvhc.us](mailto:office@mvhc.us) [www.mvhc.us](http://www.mvhc.us)

## Membership Application 2018 – 2019

**Member 1:** Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Full Hebrew name \_\_\_\_\_ Birthday (optional) \_\_\_/\_\_\_/\_\_\_

Seasonal Address \_\_\_\_\_ \* From date: \_\_\_\_\_ to: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Island Phone # \_\_\_\_\_

**Member 2:** Name \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Full Hebrew name \_\_\_\_\_ Birthday (optional) \_\_\_/\_\_\_/\_\_\_

**Children's Names** (only if part of family membership and living at home, are in school or in college)

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

**Do you want Yahrzeit names & dates listed?** Yes / No

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 the passing occurred after sundown, please use the next day's date.

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 \_\_\_\_\_

Address of Congregation \_\_\_\_\_

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

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

Would you be interested in, or willing to participate in an MVHC committee or activity ?

**Areas of interest:** Social Action, Adult Education, Religious School, Ritual Practice, Spiritual, Membership, Fundraising & Development, Library, Caring, Kiddush/Oneg,

---

**Religious experience / background:**

Reform\_\_\_\_ Conservative\_\_\_\_ Orthodox \_\_\_\_Reconstructionist \_\_\_\_ Other\_\_\_\_

<b>INDIVIDUAL MEMBERSHIP</b>	<b>\$725</b>
<b>FAMILY MEMBERSHIP **</b>	<b>\$1,175</b>
<b>+ FAIR SHARE AMOUNT</b> (Additional donation above basic membership)	<b>\$ _____</b>
<b>- SPECIAL CIRCUMSTANCES</b>	<b>\$ _____</b>
<b>+ BUILDING FUND ***</b>	<b>\$500</b>
<b>RELIGIOUS SCHOOL TUITION</b>	<b>\$650</b>
<b>SCHOOL SNACK and MATERIALS FEE</b>	<b>\$ 60</b>
<b>TOTAL FEES ENCLOSED</b>	<b>\$ _____</b>

**Payment- We accept checks, M/C, VISA, AX, and Discover. Installment payments can be arranged with the office (508-693-0745).**

**Please speak to (Sally Cohn) or the President (Bonnie George) if you have a hardship. A payment plan can be set up to help you.**

\* Mail will 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 26 who are not married, or who are not self-supporting, and / or are 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 five year period.