

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 www.mvhc.us

Membership Application 2019 – 2020

Member 1: Name _____ Today's Date _____
Permanent Address _____ Home Phone # _____
City _____ State _____ Zip Code _____ Cell Phone # _____
E-mail Address _____
Full Hebrew name _____ Birthday ____/____/____

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

Member 2: Name _____
E-mail _____ Cell phone # _____
Full Hebrew name _____ Birthday ____/____/____

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 of Death: Month _____ Day _____ Year _____

Name _____ Relationship: _____

Date of Death: Month _____ Day _____ Year _____

Name _____ Relationship: _____

Date of Death: Month _____ Day _____ Year _____

Name _____ Relationship: _____

Date of Death: 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, Other:

Religious experience / background:

Reform____ Conservative____ Orthodox ____Reconstructionist ____ Other ____

INDIVIDUAL MEMBERSHIP	\$750
FAMILY MEMBERSHIP **	\$1,200
SECURITY FEE	\$35
+ FAIR SHARE AMOUNT (Additional donation above basic membership)	\$ _____
- SPECIAL CIRCUMSTANCES	\$ _____
+ BUILDING FUND ***	\$500
RELIGIOUS SCHOOL TUITION	\$700
SCHOOL SNACK and MATERIALS FEE	\$80
TOTAL FEES ENCLOSED	\$ _____

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 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.