



Makom Ohr Shalom Membership Pledge

I/We (Please print) _____
wish to apply for membership in Makom Ohr Shalom and agree to the following stipulations and obligations.

	<u>Monthly</u>	<u>Annually</u>
Individual Membership	\$75.00	\$900.00
Couple Membership	\$140.00	\$1680.00
Individuals who are members of another Synagogue	\$50.00	\$600.00
Couples who are members of another Synagogue	\$85.00	\$1020.00

Children and teenagers are included in all memberships.

It is understood that this pledge is binding for the full one-year period beginning on July 1st of the current membership year. As an obligation of membership, I understand that I will be expected to make my dues payments in a timely fashion. Membership benefits may be suspended during any period in which payment of this pledge is 60 days or more overdue. **Complimentary High Holiday tickets are included only if this pledge has been paid in full.** I/We will also commit to volunteering time to one Shabbat a year in assisting with the set-up and clean-up of the Shabbat Oneg. I/We will endeavor to participate in one or more of the Havurot, committee or leadership activities.

Membership	\$ _____ per month	\$ _____ per year
Growth Fund*	\$ _____ per month	\$ _____ per year
Total	\$ _____ per month	\$ _____ per year

* Please consider an additional contribution to our Growth Fund to support our programs and services.

Date _____ Signature _____

Date _____ Signature _____

Please indicate your preferred method of payment:

- Annually Check or money order for my/our full payment is enclosed.
- Makom Ohr Shalom is authorized to charge the above pledge to the credit card listed below.
- Monthly Check or money order for my/our first month's payment is enclosed.
- Makom Ohr Shalom is authorized to charge the above pledge to the credit card listed below on the date this pledge is received and on the first day of each successive month through June of the year of this agreement.

Name on Credit Card _____

Visa MC _____ Exp. Date _____

Please make your remittance payable to **Makom Ohr Shalom**, include this form and send to:
 Makom Ohr Shalom
 P.O. Box 5086
 West Hills, CA 91308

(over)

Please fill out the personal information below for our files and for inclusion in our directory

Name _____ Date of Birth _____

Occupation _____

Hobbies and Interests _____ E-mail _____

Name _____ Date of Birth _____

Occupation _____

Hobbies and Interests _____ E-mail _____

Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Home Phone _____ Fax _____

Work Phone Adult #1 _____ Work Phone Adult #2 _____

Wedding Anniversary Date _____

Child/ Teen Members

Name _____ M F Date of Birth _____

Name _____ M F Date of Birth _____

Name _____ M F Date of Birth _____

Unless checked below, the information above will be included in the Membership Directory, published annually and made available to members only.

Do not include this information in the Membership Directory.

If you are already a member of another Synagogue, please let us know:

Synagogue Name _____ Location _____