



ADULT MALE

TITLE: MR. ____ DR. ____ OTHER ____
FIRST NAME _____
LAST NAME _____
BIRTH DATE _____
ADDRESS _____
OCCUPATION _____

ADULT FEMALE

TITLE: MS. ____ MRS. ____ DR. ____ OTHER ____
FIRST NAME _____
LAST NAME _____
BIRTH DATE _____
OCCUPATION _____

PHONE NUMBERS / E-MAIL ADDRESSES

DAY _____ EVE _____
CELL (OPTIONAL) _____
E-MAIL _____

DAY _____ EVE _____
CELL (OPTIONAL) _____
E-MAIL _____

HEBREW NAMES (PLEASE TRANSLITERATE TO ENGLISH)

YOURS _____
FATHER'S _____
MOTHER'S _____
KOHEN ____ LEVI ____ YISRAEL ____

YOURS _____
FATHER'S _____
MOTHER'S _____
KOHEN ____ LEVI ____ YISRAEL ____

MARITAL STATUS

SINGLE ____ MARRIED ____ WIDOWED ____ DIVORCED ____
ANNIVERSARY DATE: _____

SINGLE ____ MARRIED ____ WIDOWED ____ DIVORCED ____

CHILDREN

<u>ENGLISH NAME</u>	<u>HEBREW NAME</u>	<u>BIRTHDATE</u>	<u>SCHOOL/REL SCHOOL</u>

ARE THERE ANY JEWISH STATUS ISSUES RELATING TO YOU OR YOUR FAMILY THAT WE SHOULD BE AWARE OF?
EXAMPLES: CONVERSIONS, DIVORCES WITHOUT GETS, OR ANY OTHER SITUATION. PLEASE EXPLAIN



APPLICANT'S LAST NAME(S) _____

PHONE NUMBER _____

<u>ADULT MALE</u>	<u>PRIOR JEWISH AFFILIATION</u>	<u>ADULT FEMALE</u>
	NAME OF SYNAGOGUE, CITY, STATE	
	YEARS OF MEMBERSHIP	
	OFFICER, BOARD OR COMMITTEE MEMBER	
	OTHER JEWISH ORGANIZATIONAL INVOLVEMENT	
	CIVIC INVOLVEMENT	
	CURRENT SYNAGOGUE AFFILIATION (IF APPLYING FOR ASSOCIATE MEMBERSHIP)	
	DO YOU READ/SPEAK HEBREW	
	INTERESTED IN TORAH/HAFTORAH READING	
	FOR REGULAR SERVICES/WOMEN'S TEFILLAH	

HOW DID YOU HEAR ABOUT THE HEBREW INSTITUTE? _____

DO YOU KNOW ANYONE PRESENTLY AFFILIATED WITH HIWP? _____

SYNAGOGUE VOLUNTEER OPPORTUNITIES

PLEASE CHECK ALL AREAS OF INTEREST

	MALE	FEMALE
ADULT EDUCATION		
FUNDRAISING/SPECIAL EVENTS		
HOLIDAY PROGRAMS		
HOUSE/FACILITIES		
ISRAEL		
SECURITY/USHER		
YOUTH COMMITTEE		
WOMEN'S FOCUS PROGRAMMING		
WOMEN'S TEFILLAH		
CHESED		
NEW MEMBERS/HOSPITALITY		
KIDDUSH		
BIKUR CHOLIM		
BULLETIN		
ACTIVE OLDER ADULT PROGRAM		



APPLICANT'S LAST NAME(S) _____

PHONE NUMBER _____

Yahrzeit Information

OBSERVER				
DECEASED FIRST NAME				
HEBREW NAME				
DECEASED LAST NAME				
HEBREW DATE OF DEATH (MONTH/DAY/YEAR)				
ENGLISH DATE OF DEATH (MONTH/DAY/YEAR) *				
RELATIONSHIP TO OBSERVER				

* BEFORE OR AFTER SUNSET (IF NOT SURE, PLEASE PROVIDE TIME OF DAY)

HIWP IS SUPPORTED BY ITS MEMBERSHIP THROUGH THE ANNUAL DUES, WHICH COVERS ANNUAL DUES AND TWO HIGH HOLIDAY SEATS.*

I/WE HEREBY APPLY FOR MEMBERSHIP IN THE HIWP. I/WE AGREE TO PAY ALL ANNUAL FEES, AND CURRENT BUILDING ASSESSMENT, IN THE MEMBERSHIP CATEGORY SPECIFIED BELOW:

(CHECK ONE) SEE ACCOMPANYING LETTER FOR INFORMATION ON MEMBERSHIP CATEGORIES

- BENEFACTOR
- FULL
- SUSTAINER
- SUPPORTER
- BASE
- ASSOCIATE * DOES NOT INCLUDE HIGH HOLIDAY SEATS

SIGNATURE(S)

PRINT NAME _____

For Office Use Only	Date Entered: _____
Rabbi Approval _____	
Membership Fee _____	
Building Fund _____	
Number of Years _____	Start Date for BF _____
Amount per Year _____	

HEBREW INSTITUTE OF WHITE PLAINS

THE CHOICE DUES CONTINUUM JULY 1 2011 TO JUNE 30 2012

BENEFACTOR MEMBERSHIP	\$ 5000 per family \$ 3300 per individual
This level includes a “thank you” of either a Kiddush or two additional High Holiday seats	
FULL SHARE MEMBERSHIP	\$ 3500 per family \$ 1750 per individual
SUSTAINER MEMBERSHIP	\$ 3050 per family \$ 1525 per individual
SUPPORTER MEMBERSHIP	\$ 2525 per family \$ 1260 per individual
BASE MEMBERSHIP	\$ 1900 per family \$ 950 per individual
This is the minimum dues for a family or an individual in order to be members of HIWP	
“FIRST YEAR FREE” MEMBERSHIP FOR NEW ARRIVALS The purpose of this category is to acquaint new arrivals with our congregation. Membership application must be completed and returned for “FYF” membership to begin. This will include High Holiday seats, two per family, one per individual	
ASSOCIATE MEMBERSHIP	\$ 1000 per family \$ 500 per individual
Those families and individuals who have an affiliation as full dues paying members at another synagogue (within White Plains) may elect this category. It affords support for HIWP and its programs and services. Proof of the other membership is required. <u><i>This level does not include High Holiday seats.</i></u>	
REDUCED DUES – REQUIRES APPROVAL <u><i>Of course, as always, members who cannot afford the dues levels above, may be granted a reduction in dues to a point commensurate with their financial situation. This must be done by requesting a meeting with an officer of the Synagogue at which an arrangement for reduced dues may be made.</i></u>	
HIGH HOLIDAY SEAT CHARGES FOR NON-MEMBERS \$ 210.00 Adult guests and adult children of members \$ 155.00 Students \$ 80 Children 13 – 18 years of age	