

2021 - 2022 Membership Application



PLEASE PRINT, FILL IN COMPLETELY, AND RETURN WITH COMMITMENT CHECK

Family Name _____ First Name _____ Title _____

Date of Birth _____ Hebrew Name _____ E-Mail _____

Phone _____ Cell _____ Fax _____

Address _____ City _____ ST _____ Zip _____

Occupation _____ Hobbies _____

Marital Status _____ Anniversary _____ Other Current Synagogue Affiliations _____

Spouse/Partner's Name _____ Title _____

Date of Birth _____ Hebrew Name _____ E-Mail _____

Phone _____ Cell _____ Fax _____

Address _____ City _____ ST _____ Zip _____

Occupation _____ Hobbies _____

Children living at home:

| Name | Birthday | Hebrew Name |
|-------|----------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Children in College:

| Name | Birthday | Hebrew Name | College |
|-------|----------|-------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Others living in household _____ Birthday(s) _____

Emergency Contact _____ Relationship _____ Phone _____

Yahrtzeit Information:

| Name of Loved One | Relationship | Date of Passing |
|-------------------|--------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I would like to purchase a *Yahrtzeit* plaque cost is \$180.00 _____



2021-2022 PLEDGE OF SUPPORT

Name(s) _____

Address _____, City _____ State _____ Zip _____

Phone (Home) _____ (Cell(s)) _____ Email(s) _____

Membership is open to all. While we do not turn anyone away, we do have a suggested fair share contribution that enables us to continue to provide the services congregants tell us they need. If you belong to another synagogue as well or live out town, you may wish to join us as *Chaver* (friend). Adult children over the age of 26 should have their own membership. If you need to pay below the suggested minimum as illustrated below, please call President Judi Stotland, 310-600-0594 to discuss confidentially.

In light of world events, Congregation P'nai Tikvah has been continuing virtually. We hope to return to our beautiful Adelson Campus location as soon as it is safe to do so, but we intend to continue offering services online for those of our congregation who need to remain in more careful social isolation. Doing this does not save costs; our professionals still need to be paid, and they are working even harder to create intimacy in a virtual environment.

| INDIVIDUAL GROSS INCOME | ANNUAL RATE | MONTHLY RATE | | FAMILY GROSS INCOME(4 TKTS) | ANNUAL RATE | MONTHLY RATE |
|-------------------------------|--------------|--------------|--|-----------------------------|----------------|--------------|
| Chaver; virtual member | \$180 | | | | | |
| Under \$25,000 | \$240 | \$20 | | Under \$50,000 | \$540 | \$45 |
| \$25,000 | \$360 | \$30 | | \$50,000 | \$720 | \$60 |
| \$50,000 | \$495 | \$42 | | \$75,000 | \$1,200 | \$100 |
| \$75,000 | \$750 | \$63 | | \$100,000 | \$1,600 | \$134 |
| Y'sod contribution | \$120 | \$10 | | Y'sod Contribution | \$240 | \$20 |

My/our pledge for 7/1/2021 to 6/30/2022 is:

| | |
|--|----------|
| Minimum support OR sliding scale support | \$ _____ |
| Additional Member High Holiday Tickets @\$25 | \$ _____ |
| Additional Y'sod fund contribution | \$ _____ |
| Total Support: | \$ _____ |
| Less Amount Enclosed: | \$ _____ |
| Balance Due: | \$ _____ |

The Balance Due may be paid monthly or quarterly and must be paid in full by June 30, 2022. Please indicate your preference by checking the appropriate box below.

Please bill me: Payment in Full Enclosed Monthly Quarterly Semi-Annually

The Balance Due may be paid by credit card by checking the box below and completing the attached Credit Card Authorization form along with this Pledge form. Payment by credit card will result in an additional charge to you of 3% to reimburse us for the fees we incur when receiving payment by credit card. Please bill my credit card. My signed authorization is below:

Signature

Date

I/we understand that the pledge year runs from **July 1 to June 30**, and that submitting this form I/we financially commit for the entire year even if paying on a monthly basis.

Please send this completed Pledge form (and your check, if not returning the Credit Card Authorization form) to our bookkeeper at: **Congregation P'nai Tikvah, 1697 Black fox Canyon Road, Henderson, NV 89052.**

2021 - 2022 Membership Application



Credit Card Authorization Form

In order for Congregation *P'nai Tikvah* (CPT) to accept and bill your credit card, please complete all fields below, then sign, date and return the form by mail to 1697 Black Fox Canyon Road* Henderson, NV 89052 or email it to bookkeeper@pnaitikvahlv.org.

Billing Information: (as shown on credit card)

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____ Email: _____

Credit Card Type: Visa MasterCard American Express

Card Holder Name (as shown on credit card): _____

Credit Card #: _____ Expiration Date: _____

Credit Card Security Code: _____ Total Amount of Charge(s): _____

Please Check the Appropriate Box:

One Time Billing: I hereby authorize Congregation *P'nai Tikvah* (CPT) to charge my credit card the total amount indicated above, plus a convenience fee of 3% of the above amount. This is a one-time charge authorization in payment of the balance due for _____.

Recurring Billing: I hereby authorize CPT to charge my credit card on a periodic basis the total amount indicated above, plus a convenience fee of 3% of the above amount. This Recurring Payment Authorization/Periodic Charge shall remain in force until cancelled by me in writing in payment of the balance due for _____.

Authorization:

I hereby authorize CPT to charge the above credit card. I agree that this is either a one time or recurring charge that will be made as indicated above. To terminate the recurring billing process, if selected, I must cancel in writing at least 15 days before the next recurring charge date, after which time the account will be manually invoiced and payment must be made via check, money order or wire. I will not dispute CPT's billing with my credit card issuer as the amount in question was for services rendered prior to the date of billing. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with CPT.

Signature of Card holder (Required): _____ Date: _____

I would like to be a sustaining member. Please continue to bill monthly after this year until or unless I notify you to stop.



JEWLICIOUS LEARNING
5781-5782 – 2021-2022

Child's Name _____

Hebrew Name _____ Check here if you'd like a Hebrew Name

Child's Birthdate _____

Tuition \$450/Materials \$50 *Sh'tiling* (1st-2nd) *Chalutzim* (3rd - 4th) *Solelim* (5th-8th)
 Tween Torah Trek---(No charge for CPT members ages 10 through post-*B'nai Mitzvah*)
 B'nai Mitzvah Preparation Private \$60/hour

Parents' Names _____

Home Address _____

City, ST, ZIP _____, _____, _____

Home Phone _____ Cell Phone _____

E-Mail _____

Emergency Contact _____

Emergency Phone Number _____

Child is allergic to _____

Other health concerns _____

We'd like you to know the following about our child: _____

Parent's Signature _____

Amount Submitted: _____