

MEMBERSHIP APPLICATION

ADULT MEMBER 1				
NAME		Prefix	BIRTHDATE	
PHYSICAL MAIL ADDRESS: _				
	Street			
-		City	State Z	Zip
HOME PHONE ()		•		•
EMAIL ADDRESS				
Occupation				
Previous Synagogue Affiliation and when?				
ANNIVERSARY				
7.11.11.7.11.1				
ADULT MEMBER 2				
NAME		Prefix	BIRTHDATE	
CELL PHONE () Occupation				
EMAIL ADDRESS				
Jewish? ☐ Yes ☐ No Hebr				
				_
CHILDREN				
Name	Sex	Birth Date	Hebrew Name	Grade
	MF_			



Do we have your permission to use photos of your family in ou \square Yes \square No	ır publications	and Web site?
L'hitnadeiv: Synagogue Involvement		
Volunteering is a central tenet of Judaism, and at the very hea Get the most out of your membership through active participa	, ,	gogue.
Which type of volunteer activities would you be interested in (check all that apply) One of our volunteer coordinators will conspecific roles we need volunteers for.	-	
	Name	Name
Helping at Shabbat Services (set up, clean up, usher)		
Fundraising (event planning, thank you notes, pledge drives)		
Tot Shabbat and Family Programming		
Helping Plan Our High Holy Services (ticketing, set up, etc.)		
Membership & Hospitality (calls, creating events, mailers)		
Marketing and Public Relations		
Social Action		
Social Events		
Sunday School (teaching, subbing, ed committee)		
Adult Education (creating and marketing events)		
Communications (newsletter, social networking, web site)		



Please put a check next to the type of Ner Tamid membership you are seeking:
Family/Couple Membership: \$1,800 Annually / \$900 Semi-Annually / \$450 Quarterly
☐ Head of Household Membership: ** \$1350 Annually / \$675 Semi-Annually / \$337.50 Quarterly
☐ Individual Membership: \$1150 Annually / \$575 Semi-Annually / \$287.50 Quarterly
Associate Membership*/ \$200 Annually
Congregation Ner Tamid operates on a July 1-June 30 fiscal year. Membership applications received after January 1, but before April 1, will be discounted 50%, with a full bill for the next fiscal year to be issued in July. Membership applications received after April 1 will be discounted 75%, with a with a full bill for the next fiscal year to be issued in July. Membership applications received between July 1 and December 31 will not be discounted for the fiscal year in which they are received.
*Associate Memberships are for those who are full dues paying members at another Jewish Congregation. Associate Memberships do not include High Holiday Tickets, voting rights or B'nai Mitzvah Privileges. School priority registration will be granted but non-member school fees will apply.
**Head of Household Memberships are for single parents with dependents.
Dues Assistance
Congregation Ner Tamid will not turn anyone away for the lack of ability to pay membership support amounts. If you feel you need financial assistance, please contact our Director of Finance, via email at finance@mynertamid.org to discuss your personal situation confidentially.
Payment Schedule
Please put a check mark next to the payment schedule you prefer:
Annual Payment
Semi-Annual Payment (Not available for associate membership)
Quarterly Installments (Not available for associate membership)



Please indicate how you would	d like to receive your invoices:
☐ Hard-copy	☐ Emailed (indicate email address to be used)
Please note that payments ov	rer 90 days delinquent may be subject to a penalty fee.
MEMBERSHIP REFERRAL PRO	OGRAM
please indicate their name in t Membership Referral Program will receive a \$50 reduction of	regation Ner Tamid? If you were referred by a Current Member, the space provided below so that they can benefit from the . Members that refer new families who join our Congregation f dues membership off of the following fiscal year dues. are prorated, there will be a \$25 reduction of dues membership dues.
Referred by:	
	ide by Ner Tamid's by-laws and policies. w, please contact 678-264-8575 or email info@mynertamid.org.)
Adult Member Signature:	
Adult Member Signature:	
Date:	_

PLEASE MAIL ALL PAGES OF THIS APPLICATION AND YOUR CONTRIBUTION TO THE ADDRESS BELOW. Your first dues contribution, under the payment schedule you selected above, should accompany your application. All members receive a tax contribution letter reflecting all

payments made during the calendar year from the Finance Department at the end of the year.

Congregation Ner Tamid 1349 Old Highway 41, Suite 220 Marietta, GA 30060

Congratulations on choosing Congregation Ner Tamid as your spiritual home. We thank you for taking the time to fill out this paperwork. We look forward to welcoming you to our inclusive congregation.



YAHRZEITS YOU WISH TO HAVE ACKNOWLEDGED

Every year, on the anniversary of the death, family members observe the deceased's Yahrzeit. On the Yahrzeit, the Kaddish is recited and all mourners light a candle in honor of the decedent that burns for 24 hours. In addition, during services on Yom Kippur, Shemini Atzeret, the last day of Passover, and Shavu'ot, after the haftarah reading, close relatives recite the mourner's prayer Yizkor ("May He remember...") in synagogue. Yahrzeit candles are also lit on those days.

Please list the names, relationships, and Hebrew (preferred) or Gregorian date of Yahrzeits that your family would like acknowledged. Please include month/day/year.

Name	Relationship	Date of Yahrzeit

Supporting Your Heritage

Membership in Ner Tamid is much more than a "fee for service" arrangement. Fundamental to who we are as a Jewish *kehilla*, is that membership is a means of supporting a community, where we each undertake an obligation to the whole. We contribute to our community even if we do not choose to use its programs. By ensuring the future of our congregation through adequate financial support, we are doing our utmost to protect our Jewish future as well as the future of generations to come.

Those who came before us preserved our Jewish heritage for us. It is our mitzvah and duty to do the same.



YAHRZEIT NAMEPLATE ORDER FORM

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Please <u>print</u> English and Hebrew clearly. We read Hebrew.

We have your nameplate size and layout on file. Unless otherwise stated,
we will fabricate this nameplate to those specifications.

Name of Deceased			
	English nam	ne (Please print)	
Hebrew Name			
English Date of Death			
	month	day	year of death
Hebrew Date of Death if known	1		
	month	day	year of death
Relationship of Deceased to Do	nor		
Special Instructions			
Donor's Name			
Name of Organization			
Address			
City		State	Zip code
Ordered by	Date_		Phone #
Email			

Please send your completed YAHRZEIT NAMEPLATE ORDER FORM along with payment of \$180.00 to:

Congregation Ner Tamid ATTN: Fundraising 1349 Old Highway 41, Suite 220 Marietta, Ga 30060