

**MORIAH CONGREGATION - 200 Taub Drive, Deerfield, IL 60015 (847) 948-5340**  
**MEMBERSHIP APPLICATION**

We are pleased you have chosen to join Moriah Congregation. To further your full involvement in the life of the Congregation, we ask that you complete this application and information form.

Family Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(s) \_\_\_\_\_ Home Fax \_\_\_\_\_

Marital Status: S \_\_\_ M \_\_\_ D \_\_\_ W \_\_\_ Wedding Anniversary: Month, Day & Year \_\_\_\_\_

Related to other Moriah Members: Yes \_\_\_ No \_\_\_ If yes, please give names & relationships \_\_\_\_\_

**Adult Male**

**Adult Female**

Full Name \_\_\_\_\_

Preferred Title: Mr., Dr., Prof., Rabbi, Judge, Other Miss, Mrs., Ms., Dr., Prof., Rabbi, Judge, Other

Preferred Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Was your born Mother Jewish? \_\_\_\_\_ Was your Mother born Jewish? \_\_\_\_\_

If not, by whom were you converted? \_\_\_\_\_ If not, by whom were you converted? \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell phone \_\_\_\_\_

**Children: List oldest child first**

1. Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Grade in School September, 2017 \_\_\_\_\_

Name of School \_\_\_\_\_ **Interested in ATID/Kadima/USY** \_\_\_\_\_

2. Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Grade in School September, 2017 \_\_\_\_\_

Preferred Name \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of School \_\_\_\_\_ **Interested in ATID/Kadima/USY** \_\_\_\_\_

**Please use additional sheet if necessary.**

**Yahrzeits**

<b>Name</b>	<b>Relationship</b>	<b>English Date of Death</b> Indicate before or after sundown before or after
_____	_____	_____
_____	_____	_____ before or after

**Please use additional sheet if necessary.**

**Adult Male  
Aliyah Information:**

**Adult Female**

Kohen \_\_\_\_\_ Levi \_\_\_\_\_ Yisroel \_\_\_\_\_

Can you read *Torah*? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you read *Torah*? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you read *Haftarah*? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you read *Haftarah*? Yes \_\_\_\_\_ No \_\_\_\_\_

**Dues Commitment Form**

**Congregant's Name (PLEASE PRINT)** \_\_\_\_\_

2016-2017 Member Dues

\$2,900.00

USCJ Dues

\$75.00

Building Fund

\$3,200 – If you wish to spread your Building Fund commitment over 5 or more years, please, contact Lisa Kaplan to make the arrangements.

My check in the amount of \$ \_\_\_\_\_ is enclosed.

If special financial arrangements are necessary, please contact Lisa Kaplan, 847/948-5340 or email: lkaplan@moriahcong.org

**PLEASE COMPLETE SECTIONS A, B or C and D**

**SECTION A - Check one of the following payment options:**

\_\_\_ Option #1 - Full payment at this time by electronic transfer from your checking account (ACH), check or credit card\*\*

\_\_\_ Option #2 – 1/2 of the total by electronic transfer from your checking account (ACH), check or credit card\*\* now, or post dated checks with the remainder of the entire balance to be paid by **December 30, 2017**

\_\_\_ Option #3 – Equal monthly payments by electronic transfer from your checking account (ACH), check or credit card\*\*, or post dated checks with the balance to be paid in full by **June 30, 2018**

**Please note** - \*\*If you are paying by credit card there will be a 2% fee for each transaction.

\_\_\_\_\_ **Please initial that you acknowledge this fee.**

**If you are paying by ACH or credit card, any additional charges incurred during the year and not paid within the month charged, will be prorated and monthly payments adjusted accordingly.**

**SECTION B – Electronic Transfer (ACH) Information**

Bank routing number: \_\_\_\_\_ Your bank account number: \_\_\_\_\_

Transfer \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month.

**SECTION C - Credit Card Information:**

**Please note:** If you get a new credit card or your credit card expires during the year, you must inform us of the new number or expiration date.

My credit card is: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Please charge on the \_\_\_\_\_ of each month.

**SECTION D - Signature and Date:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Moriah's fiscal year is July 1 – June 30. All financial obligations are due not later than **June 30, 2018**