

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) _____

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, 2020 _____

Name of School _____ **Interested in ATID/Kadima/USY** _____

2. Name _____

Hebrew Name _____

Date of Birth _____ Sex: M ___ F ___ Grade in School September, 2020 _____

Preferred Name _____ E-Mail Address: _____

Name of School _____ **Interested in ATID/Kadima/USY** _____

Please use additional sheet if necessary.

Yahrzeits

Name _____

Relationship _____

English Date of Death
Indicate before or after sundown
_____ before or after

_____ **Please use additional sheet if necessary.**

_____ before or after

**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) _____

2029-2021 Member Dues	\$2,955.00
USCJ Dues	\$75.00
Security	\$100.00 per family, per year
Building Fund	\$3,200.00 – 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 31, 2020**

___ 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, 2021**

Please note - **If you are paying by credit card there will be a 3% 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 no later than **June 30, 2021**