



The Jewish Center of the Hamptons

Rabbi Sheldon Zimmerman

Cantor Debra Stein

Join Us and Support Us

MEMBERSHIP APPLICATION

Membership dues support only a portion of the many services and programs offered by the Jewish Center of the Hamptons. We have several categories of membership dues to enable people to give according to their financial capability. New members are also asked to contribute to the Capital Improvement Fund to maintain our facilities. Nobody will be denied membership in our congregation due to financial hardship. Please speak with Rabbi Zimmerman or Cantor Stein, confidentially, to make alternative arrangements for Jewish Center dues.

MEMBERSHIP CATEGORIES

- | | |
|--|---|
| <input type="checkbox"/> \$25,000 President's Gold Circle Membership | <input type="checkbox"/> \$ 2,750 Chai Membership |
| <input type="checkbox"/> \$10,000 Sustainer's Silver Membership | <input type="checkbox"/> \$ 1,950 Family Membership |
| <input type="checkbox"/> \$ 5,000 Kavod (Honor) Membership | <input type="checkbox"/> \$ 995 Single Membership |
| <input type="checkbox"/> \$ 3,600 Double Chai Membership | |

CAPITAL IMPROVEMENT FUND (one-time assessment which can be paid in three annual installments)

- | | |
|--|--|
| <input type="checkbox"/> \$ 1,800 Family (\$600 per installment) | <input type="checkbox"/> \$ 900 Single (\$300 per installment) |
|--|--|

Name (1) _____ Name (2) _____

Children: _____

Permanent Address _____ City _____ State _____ Zip _____

Local Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening phone _____ Local phone _____

Cell _____ Email _____

Enclosed is my check for \$_____ Membership Dues, Category: _____

(Please make payable to The Jewish Center of the Hamptons) **OR** Please charge my

MC/Visa/Amex Card # _____ Exp date: _____

Credit Card Zip Code: _____ Signed: _____ Date: _____

Please check activities in which you would like to participate:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Adult B'nai Mitzvah | <input type="checkbox"/> Family Programs | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Outreach to Mixed Marrieds | <input type="checkbox"/> Youth Group |
| <input type="checkbox"/> Cultural Programs | <input type="checkbox"/> Religious School | <input type="checkbox"/> Other _____ |

To support the programs and community services of The Jewish Center of the Hamptons, I would like to make the following **additional** contribution:

Check enclosed for \$_____ Please make payable to the Jewish Center of the Hamptons **OR** please charge my

MC/Visa /AmEx Card # _____ Exp date: _____

Credit Card Zip Code: _____ Signed: _____ Date: _____