

**Shai Agnon Synagogue Membership Form - 5782****Personal Information (please write clearly)**

Date _____

Surname _____ First name _____ Vaccinated/Not vaccinated (please circle)

Cell phone _____ Email _____

Surname _____ Spouse name _____ Vaccinated/Not vaccinated (please circle)

Cell phone _____ Email _____

Address _____ Home phone _____

A. Type of membership (please circle)

Family		Single	
< age 30	> age 30	< age 30	> age 30
ILS 500	ILS 950	ILS 350	ILS 850

B. Reserved seating renewals (throughout the year) – Please indicate # of seats you would like to continue to reserve (by gender)

Seat renewals – for those who purchased last year	Men's seats	Women's seats
	____ x ILS 100/seat	____ x ILS 100/seat

Please note: Due to changing coronavirus regulations, it is not possible to guarantee that members will always be able to sit in their reserved seats. Also, we are not able to offer purchased reserved seating for the High Holidays this year.

(*) Purchasing new reserved seats: All of the seats in the synagogues were reserved last year and so we cannot promise new reserved seats. If you are interested in new reserved seats, please mark below the number of seats you are interested in reserving (ILS 500/seat) and we will be happy to add you to the waiting list. Payment will obviously not be requested until seats are available to be reserved.

New reserved seat requests (for waiting list, not for payment!)	# men's seats requested	# women's seats requested

C. "Friend" Option – Special membership for those who have never been members, yet daven at the synagogue regularly (weekdays, Shabbat and/or holidays) and wish to help cover its operating costs. **Reduced fee of ILS 725 per family.**

Please note: 1) "Friends" are not members of the amutah/non-profit and cannot vote in elections or hold a seat on the board; 2) You may only become a "Friend" if you have not been



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a member last year and you may only be a "Friend" for up to two years; 3) "Friends" are entitled to reserve seats the same as members.

Payments

Please fill in the amounts to be paid, as relevant:

Total payment for membership (Section A above)				
Total payment for reserved seats (Section B above)		<u>For treasurer's use</u>	קבלה	סכום
Total payment for "Friend" option (Section C above)		No. of receipt for membership		

Total		No. of receipt for donation		
10% reduction of paid by 28/8/21	-			
Final Total				
Additional Donation				
Total Payment				

[] Check here if you would like to receive the permitted "Seif 46" tax credit for your member dues (approximately half the total of your paid dues), otherwise a normal receipt will be issued for the entire sum.

Payment Receipts (Does not need to be filled out if details are the same as those indicated at the top of this form)

Please make out receipt in the name of: _____

and send to the following email address: _____

Payment Methods (Please indicate the method of payment and fill in the relevant details)

<p>[] I have made a bank transfer to: Account Name: בית הכנסת ע"ש ש"י עגנון U-Bank (Bank #26), Account Number: 402702; Branch 262 I have [] attached transfer confirmation documentation or confirm that on _____ (date), I transferred the funds from _____ _____ (bank, account # and account owner name)</p>
<p>[] I would like to pay by credit card, please send me payment information via email.</p>
<p>[] I would like to pay by check or cash.</p>



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CHEQUES MUST BE MADE TO בית המדרש הגדול תפארת ישראל ע"ש ש"י עגנון

Please make sure to email this form or include it with your payment in an envelope on which is written: A) "Membership Payment", B) Your first and last name, C) Phone number and/or email address for questions and follow-up. Envelopes may be given to any of the Gabbaim, board members or placed in the secure mail box at the entrance to the synagogue.

Dues paid by check or credit card may be paid in up to 8 installments.

It is recommended to fill out the form digitally or in clear handwriting and then scan and email to: agnonsyn+gizbar@gmail.com.

If you have emailed the form and paid via envelope, please make sure the required identifying information is on the envelope so that we can match your form to your payment. Thanks!

Member Details for the Gabbaim

(Please only fill in changes since last year as relevant)

Name: _____

Yahrzeit information:

Hebrew name	Relationship	Hebrew Date

Information for Member's Aliyah to the Torah:

Hebrew name: _____ [Circle: Cohen / Levi / Yisrael] Father's Hebrew name: _____

Information for Bar Mitzvah-Aged Sons' Aliyahs:

Hebrew name: _____ [Circle: Cohen / Levi / Yisrael] Father's Hebrew name: _____

Hebrew name: _____ [Circle: Cohen / Levi / Yisrael] Father's Hebrew name: _____

Hebrew name: _____ [Circle: Cohen / Levi / Yisrael] Father's Hebrew name: _____

Hebrew name: _____ [Circle: Cohen / Levi / Yisrael] Father's Hebrew name: _____