



MEMBERSHIP

Shalom and Welcome!

Dear Prospective Member of the JCSVV Synagogue,

Thank you for considering membership in the Jewish Community of Sedona and the Verde Valley Synagogue (JCSVV) for the **July 1, 2022 to June 30, 2023** membership year.

As we move toward the end of the social isolation we have all experienced due to the COVID 19 Pandemic, we are offering a variety of enriching services and programs both online and in person, such as Shabbat Services and holiday programs.

Here is a summary of what our Synagogue provides:

- Religious Services including Erev Shabbat, High Holy Days, and midweek morning Minyan
- Torah Study and other religious educational programming
- A wealth of cultural and social programs and services
- Bikkur Cholim visits to ill members (temporarily limited to phone calls)
- Outreach programs to help those less fortunate in the community
- Opportunities to plan and implement governance and programming

Our Synagogue offers three types of memberships, indicated below. Membership costs and payment options are detailed on the enclosed Membership Dues Commitment Form.

FAMILY MEMBERSHIP, at \$161 per month, includes:

- Religious Services including High Holy Days, and Holiday Events
- Voting rights
- Member pricing for our enriching, inspiring, religious and cultural events
- Committee and Board participation

INDIVIDUAL MEMBERSHIP, at \$81 per month, includes:

- Religious Services including High Holy Days, and Holiday Events
- Voting rights
- Member pricing for our enriching, inspiring, religious and cultural events
- Committee and Board participation

ASSOCIATE MEMBERSHIP, at \$425 annually for 2 persons, and \$400 annually for 1 person, is available to an individual or family living 50 or more miles from the Synagogue who wishes to support the JCSVV, and includes:

- Religious Services and Holiday Events
- Member pricing for our enriching, inspiring, religious and cultural events
- Committee participation

PRO-RATED MEMBERSHIP:

- If you become a new Family or Individual Member in the middle of the membership term, you will be offered a one-time pro-rated membership option.

The enclosed Dues Commitment Form provides various options as to how you can pay your membership dues. Let us know if you have any questions.

We invite you to one of our services or events to experience for yourself our friendly and welcoming congregation. Please visit our website, <http://www.jcsvv.org> for detailed information about our Synagogue, and browse through our calendar of upcoming activities.

We encourage you to contact us with any questions you may have about our Synagogue and membership. If you are interested in becoming a member, you may call the JCSVV office at **928.204.1286**, email us at office@jcsvv.org or complete the enclosed membership forms, which are also on our website at <http://www.jcsvv.org/membership> .

Upon completion of the membership forms, please return them with payment; you can either scan them to the office at office@jcsvv.org or mail them to: JCSVV, PO Box 13, Sedona, AZ 86339. As you will see from the forms, we offer several payment methods. If your situation requires a dues adjustment different from the amount stated, please contact the President, Milt Small at 928.204.1286 or at <http://www.jcsvv.org/contact> . All communications are confidential.

Your support of our community is a demonstration of your commitment to Judaism and its traditions, and recognition of the significance of our presence in Sedona. Your participation through membership in our congregation is valued and essential to the future of the JCSVV.

Thank you for considering joining our warm and welcoming congregation.

Shalom,

Milt Small, President

Alicia Magal, Rabbi

Gloria Brown, Membership Chair

<u>ANNUAL MEMBERSHIP FEES for Fiscal Year 2022-2023:</u>	
Yearly Family Membership:	\$ 1930
Yearly Individual Membership:	\$ 965
Yearly Associate Membership:	\$ 425 for 2 people \$ 400 for 1 person



JCSVV NEW MEMBERSHIP APPLICATION July 1, 2022 - June 30, 2023 / 5783

Membership Type: **Family** **Individual** **Associate**

Adult # 1 Mr. Ms. Mrs. Dr. Other _____

Marital Status: Single: Married: Anniversary Date: _____ / _____ / _____

Last Name _____ First Name _____ Nickname _____

Hebrew Name _____ (son/daughter of) _____ and _____

Gender: Male Female Birthdate _____ / _____ / _____

Religious background: Jewish Other

Home Phone (____) _____ Cell Phone (____) _____

Email _____

Residence Address _____

City _____ State _____ Zip code _____

Billing Address (if different from residence) _____

City _____ State _____ Zip code _____

Firm/Company Name _____ Occupation _____ Retired

Business Address _____ City _____ State _____ Zip Code _____

Business Phone (____) _____ Fax (____) _____

Adult # 2 Mr. Ms. Mrs. Dr. Other _____

Last Name _____ First Name _____ Nickname _____

Hebrew Name _____ (son/daughter of) _____ and _____

Gender: Male Female Date of birth _____ / _____ / _____

Religious background: Jewish Other

Home Phone (____) _____ Cell Phone (____) _____

Email _____

Residence Address _____

City _____ State _____ Zip code _____

Billing Address (if different from residence) _____

City _____ State _____ Zip code _____

Firm/Company Name _____ Occupation _____ Retired

Business Address _____ City _____ State _____ Zip Code _____

Business Phone (____) _____ Fax (____) _____

JCSVV 2022-2023 New Membership Application – page 2

How did you hear about the JCSVV? Referred by _____

- Local Newspapers JCSVV Sign Website JCSVV Events

Reasons for joining the JCSVV – check all that apply:

- Religious Services Rabbi Other reasons _____

What are you looking for as a JCSVV member? _____

JCSVV MEMBERSHIP DIRECTORY

Your contact information (name, address, phone number, email) is published in the JCSVV Membership Directory. This information is **ONLY** distributed to JCSVV members.

Do you agree to have your information published in our Directory? YES NO

Please inform the JCSVV Office of any changes to your phone numbers, address or email.

EMERGENCY NOTIFICATION

Please provide the following information for our records:

Notify _____ Relationship: _____

Home phone: _____ Cell phone: _____

Notify _____ Relationship: _____

Home phone: _____ Cell phone: _____

Donating your IRA distributions to a charity

This is an option you may choose for paying your membership dues.

Qualified charitable distributions (QCDs) have been permanently extended. Individuals can donate up to \$100,000 per year directly from a traditional or Roth IRA to qualifying charities. This is attractive to some investors because QCDs can be used to satisfy required minimum distributions (RMDs) from an IRA without having the distribution included in their income.

If you are interested in this option, you may consult your personal financial planner. If you would like the name of a local financial advisor, please contact us.

Jewish Community of Sedona and the Verde Valley

PO Box 13, Sedona, AZ 86339 ◦ 928.204.1286 ◦ <http://www.jcsvv.org> ◦ <http://www.jcsvv.org/contact>



INDIVIDUAL MEMBERSHIP DUES COMMITMENT FORM

July 1, 2022 – June 30, 2023 / 5783

- Please complete and return this form to the JCSVV office promptly.
- Inform the JCSVV Office of any changes to your address, phone numbers or email.
- After we receive this completed form and your first payment of dues, your financial commitment for the year shall be established.
- Your Individual Membership includes voting rights, member pricing for events, High Holy Days attendance, and committee and Board participation.

- **Select your desired level of membership and payment plan by checking the boxes below.**
- **By choosing a higher level of dues, The Tzedakah Circle, your membership helps make possible programs that inspire us, teach us, and connect us to each other.**
 - **Your participation in one of the Tzedakah Circles will provide an extra measure of financial support for the synagogue.**

INDIVIDUAL MEMBERSHIP OPTIONS

	<u>Annual</u>	<u>Quarterly</u>	<u>Monthly*</u>
<input type="checkbox"/> BASIC LEVEL	<input type="checkbox"/> 965	<input type="checkbox"/> 242	<input type="checkbox"/> 81*
<u>TZEDAKAH CIRCLES:</u>			
<input type="checkbox"/> Circle of Brachot – Blessing	<input type="checkbox"/> 1215	<input type="checkbox"/> 304	<input type="checkbox"/> 101*
<input type="checkbox"/> Circle of Chesed – Goodness	<input type="checkbox"/> 1465	<input type="checkbox"/> 367	<input type="checkbox"/> 122*
<input type="checkbox"/> Circle of Chochmah - Wisdom	<input type="checkbox"/> 1715	<input type="checkbox"/> 429	<input type="checkbox"/> 143*
<input type="checkbox"/> Circle of Tikvah – Hope	<input type="checkbox"/> 1965	<input type="checkbox"/> 491	<input type="checkbox"/> 164*

Please date, print and sign your name below:

Printed Name

Signature

Date: _____

*** Monthly billing is only available when the congregant arranges for a recurring e-check or provides a recurring credit card or ACH.**

OFFICE USE ONLY

Date Payment Received _____

Amount _____ M Q A

Check No. _____ Other _____

CC# or Auto Pay to Finance _____



Print Name: _____

PAYMENT OPTIONS:

➤ Indicate your method of payment by checking one of the options below:

- CHECK** Enclosed made out to the JCSVV for the full amount, or for half-year or quarterly payments. QCDs (Qualified Charitable Distributions) should be carefully labeled to indicate that they are “full year dues payments.”
- E-CHECK** Arranged for with your bank, brokerage house or credit union.
➔ Please ensure that the check is made out to the JCSVV and “dues payment” is noted on the memo line.
- ACH – Automated Clearing House electronic funds transfer:**
ACH Funds Transfer Request must be accompanied by a voided check from the account to be debited. Once the information is recorded electronically, the check will be destroyed. ACH information will be stored electronically for the current fiscal year and then discarded.
- I authorize the Jewish Community of Sedona and the Verde Valley, at my request, to debit the bank account indicated on my voided check for my membership dues.*

Print Name	Signature	Date
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- CREDIT CARD:**
➔ Credit card information is logged in and then the bottom part of this form is destroyed. Upon request, this information can be stored “on file” electronically to be used throughout the current fiscal year for other charges as desired.

Card Type: VISA MasterCard American Express

Cardholder Name	Credit Card Number
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Expiration Date	Security Code	Billing Zip Code
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Cardholder Signature	Date
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Please be assured that no one will be denied membership in the JCSVV for financial reasons. Every family or individual who desires to be a member of our community is valued and important. It is the goal of the Board of Directors that all those wishing membership become active and participating members.

If your situation requires a dues adjustment different from the amount stated, please contact the President, Milt Small, at 928.204.1286 or email the JCSVV Office at office@jcsvv.org .

**All communications are confidential.*



Yahrzeits

Memorial Dates for Loved Ones

Please remember to update Yahrzeit Information as needed.

I/We wish to have the following Yahrzeits honored:

Name of Deceased _____

English Date of Death ___/___/___ Before Sunset After Sunset

Hebrew Date of Death will be determined by the Hebrew calendar.

Hebrew Name (if known) _____

Person to be notified _____ Relationship to Deceased _____

Address _____ City _____ State _____ Zip Code _____

Name of Deceased _____

English Date of Death ___/___/___ Before Sunset After Sunset

Hebrew Date of Death will be determined by the Hebrew calendar.

Hebrew Name (if known) _____

Person to be notified _____ Relationship to Deceased _____

Address _____ City _____ State _____ Zip Code _____

Name of Deceased _____

English Date of Death ___/___/___ Before Sunset After Sunset

Hebrew Date of Death will be determined by the Hebrew calendar.

Hebrew Name (if known) _____

Person to be notified _____ Relationship to Deceased _____

Address _____ City _____ State _____ Zip Code _____

Name of Deceased _____

English Date of Death ___/___/___ Before Sunset After Sunset

Hebrew Date of Death will be determined by the Hebrew calendar.

Hebrew Name (if known) _____

Person to be notified _____ Relationship to Deceased _____

Address _____ City _____ State _____ Zip Code _____

- *Please indicate any additional names on the reverse of this form.*
- *For information on the purchase of plaques for our Memorial Wall, please contact the JCSVV office at 928.204.1286 or <http://www.jcsvv.org/contact> for the appropriate form, or just click on the MEMORIAL WALL PLAQUE ORDER FORM Link on the website: <https://www.jcsvv.org/donate/memorial-wall-plaques/>.*
- *JCSVV, PO Box 13, Sedona, AZ 86339 • 928.204.1286 • <https://www.jcsvv.org/about-us/contact-us/> • <http://www.jcsvv.org/>*