



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 (JCSVV) for the **July 1, 2023 to June 30, 2024** membership year.

We offer 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
- 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 Form.

FAMILY MEMBERSHIP

- 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

- 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 is available to an individual or family living 50 or more miles from the Synagogue who wishes to support the JCSVV.

- Religious Services and Holiday Events
- Member pricing for our enriching, inspiring, religious, and cultural events
- Committee participation
- Associate Membership does not include High Holy Day tickets. If you are a member in good standing at another synagogue that includes the cost of High Holy Day seats in its dues, you may contact the JCSVV office for reciprocity information.

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.

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.

If you are interested in becoming a member, you may:

1. Submit an online membership form; *or*
2. Download a PDF application and return by mail to: JCSVV, PO Box 13, Sedona, AZ 86339; *or*
3. Contact the JCSVV office at (928) 204-1286 or office@jcsvv.org with any questions, or to request that a membership form be mailed to you.

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,

Sybil Malinowski Melody
President

Alicia Magal
Rabbi

Gloria Brown
V.P. of Membership

ANNUAL MEMBERSHIP FEES for Fiscal Year 2023-2024:

Annual Family Membership: \$ 1,988

Annual Individual Membership: \$ 994

Annual Associate Membership: \$438 for 2 people, \$412 for 1 person

Please consider Tzedakah membership levels listed on the membership form as an additional support to the JCSVV.

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, Sybil Malinowski Melody, at 928.204.1286, or email the JCSVV office at office@jcsvv.org.

*All communications are confidential.

JCSVV NEW MEMBERSHIP APPLICATION July 1, 2023 – June 30, 2024 / 5784

Membership Type: Family

Member # 1 ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. Other _____

Marital Status: Single: ☐ Married/Partner: ☐ Birthdate: ____/____/____

Last Name _____ First Name _____ Nickname _____

Gender: ☐ Male ☐ Female

Religious background: ☐ Jewish ☐ Other

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

Email _____

Residence Address

Street Address _____

City _____ State _____ Zip code _____

Mailing Address (if different from residence)

Street Address _____

City _____ State _____ Zip code _____

Member # 2 ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. Other _____

Last Name _____ First Name _____ Nickname _____

Gender: ☐ Male ☐ Female Birthdate ____/____/____

Religious background: ☐ Jewish ☐ Other

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

Email _____

Residence Address (if different from first family member listed above)

Street Address _____

City _____ State _____ Zip code _____

Mailing Address (if different from residence)

Street Address _____

City _____ State _____ Zip code _____

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: _____



FAMILY MEMBERSHIP DUES PAYMENT FORM

July 1, 2023 – June 30, 2024

- Receipt of this completed form to the JCSVV office, along with your dues payment, will establish your financial commitment for the membership year.
 - Please inform the JCSVV Office of any changes to your address, phone numbers or email.
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- Select your desired level of membership and payment plan by checking the boxes below.
 - Choosing a higher level of dues in one of the Tzedakah Circles provides an extra measure of financial support for the synagogue, thereby making possible programs that inspire us, teach us, and connect us to each other.

FAMILY MEMBERSHIP OPTIONS

	<u>Annual</u>	<u>Bi-Annual</u>	<u>Quarterly</u>	<u>Monthly*</u>
<input type="checkbox"/> BASIC LEVEL	<input type="checkbox"/> 1988	<input type="checkbox"/> 994	<input type="checkbox"/> 497	<input type="checkbox"/> 166*
<u>TZEDAKAH CIRCLES:</u>				
<input type="checkbox"/> Circle of Brachot – Blessing	<input type="checkbox"/> 2503	<input type="checkbox"/> 1252	<input type="checkbox"/> 626	<input type="checkbox"/> 209*
<input type="checkbox"/> Circle of Chesed – Goodness	<input type="checkbox"/> 3018	<input type="checkbox"/> 1509	<input type="checkbox"/> 755	<input type="checkbox"/> 252*
<input type="checkbox"/> Circle of Chochmah - Wisdom	<input type="checkbox"/> 3533	<input type="checkbox"/> 1767	<input type="checkbox"/> 884	<input type="checkbox"/> 295*
<input type="checkbox"/> Circle of Tikvah – Hope	<input type="checkbox"/> 4048	<input type="checkbox"/> 2024	<input type="checkbox"/> 1012	<input type="checkbox"/> 338*

Email

Phone

Email

Phone

Street Address

City

State

Zip Code

Print Name

Signature

Date

Print Name

Signature

Date

*** MONTHLY BILLING**

This option is only available when the congregant arranges for a recurring e-check or provides a recurring credit card or ACH. See payment options on page 2.

OFFICE USE ONLY

Date Payment Received _____

Amount _____ M Q A

Check No. _____ Other _____

CC# or Auto Pay to Finance _____



Family Membership Dues Payment Form - 2023-2024 – page two

Print Name: _____

Print Name: _____

PAYMENT OPTIONS:

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

☐ **CHECK** Enclosed, made out to the JCSVV; mail to PO Box 13, Sedona AZ 86339.
State “Dues payment” on 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.

☐ *I authorize the Jewish Community of Sedona and the Verde Valley to debit the designated account for my membership dues.*

Print Name

Signature

Date

☐ **E-CHECK** - Arranged for with your bank, brokerage house or credit union.

➤ Please make the check out to the JCSVV and state “dues payment” on the memo line.

☐ *I agree to arrange with my financial institution to send a check to JCSVV for my membership dues as indicated on my membership form.*

☐ **QCD – Qualified Charitable Distribution**–Made out to the JCSVV; state ‘dues payment’ on check

☐ **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 use throughout the current fiscal year for other charges as desired.*

☐ *I authorize the Jewish Community of Sedona and the Verde Valley to add a 3% credit card processing fee.*

Card Type: ☐ VISA ☐ Mastercard ☐ American Express

Cardholder Name

Credit Card Number

Expiration Date

Security Code

Billing Zip Code

Cardholder Signature

Date

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**All communications are confidential.*