



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, 2025, to June 30, 2026/5786** 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 for two members
- 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

<u>ASSOCIATE MEMBERSHIP</u> is available to an individual or family living outside the Verde Valley or who is a member of another congregation 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.

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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 fillable membership form by going to www.jcsvv.org; 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 **Marissa Luhman** V.P. of Membership

ANNUAL MEMBERSHIP FEES for Fiscal Year 2025-2026

Annual Family Membership: \$ 2,098, plus \$200 Security Assessment Individual Membership: \$ 1,044, plus \$100 Security Assessment

Annual Associate Membership: \$525 for 2 people, \$472 for 1 person Requested Security Assessment: \$100 per person

There is a Building Fund Commitment of \$5,000 (Family)/\$2,500 (Individual) payable over 5 years.

Please consider an additional donation (see Dues Payment form) as a 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.

Anyone who wishes to become a member is encouraged to join the JCSVV. If your situation requires a dues adjustment different from the amount stated, please contact the President, Sybil Malinowski Melody, at icsvv.org or call the Office at 928.204.1286.

*All communications are confidential.

P.O. Box 13, Sedona, Arizona 86339 o 928.204.1286 o JCSVV.org o office@jcsvv.org



JCSVV NEW MEMBERSHIP APPLICATION July 1, 2025 – June 30, 2026

Membership Type: Associate

Member # 1	□ Mr.	□ Ms.	□ Mrs.	□ Dr.	Other	-		
Marital Status:	Single: □	Married/Partne	er: □	Birthdate:	J			
Last Name		First Nam	e		Nickname			
Gender:	e □ Fem	ale						
Religious background	l: □ Jewi	sh □ Othe	er					
Home Phone ()			_ Cell Phone ()				
Email								
Residence Address								
Street Address								
City			State		_Zip code			
Mailing Address (if o	lifferent from re	esidence)						
Street Address								
City			Stat	te	Zip code			
Last Name		First Na	ime		Nickname _			
Gender:	□ Male	□ Female		Birthdate _				
Religious background:								
Home Phone () Cell Phone ()								
Email								
Residence Address (if different from first member)								
Street Address								
City			State		_Zip code			
Mailing Address (if different from residence)								
Street Address								
City			Sta	ate	Zip code			



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JCSVV MEMBERSHIP DIRECTORY

Member's 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? \Box YES \Box 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:	_ Relationship:			
	Cell phone:	_ Cell phone:			
MY BACKGROUND-GET INVOLVED: Please let us know your interests, talents or background, so we can know more about our members: We are an all-volunteer synagogue. Our members facilitate our programs and activities,					
	I make our building available for ou ou are able to select your top three ommunity:				
 □ Adult Jewish Education □ Bylaws Committee □ Legacy Committee □ Oneg Support □ Social Action Committee 	 □ Bikkur Cholim □ Fundraising Committee □ Membership Committee □ Religious Affairs Committee □ Tours/Office Support 	□ Men's Club			
Jewish Community of Sedona and the Verde Valley Synagogue 100 Meadowlark Drive					

PO Box 13, Sedona, AZ 86339 o 928.204.1286 o office@jcsvv.org o jcsvv.org



ASSOCIATE MEMBERSHIP DUES FORM 2025-2026/5786

- Receipt of this completed form to the JCSVV office, along with your dues payment, will establish your financial commitment for the membership year.
- An Associate Member is an individual or family living outside the Verde Valley or who is a member of another congregation. Please inform the JCSVV office of changes to your address, phone numbers or email. **Annual Associate Membership Dues** ☐ Two people: \$525 ☐ Single Person \$472 ☐ Additional Donation \$ Optional \$100 per member Synagogue Security Assessment: □ \$100 □ \$200 □ Additional Synagogue Security Assessment contribution: \$___ ☐ Havurah Membership Dues for 2025-2026 \$25 ☐ Additional Havurah donation \$ **Printed Name Signature and Date Printed Name Signature and Date 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. ☐ **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, the information can be stored "on file" electronically to be used throughout the current fiscal year for other charges as desired. \square I acknowledge by paying by credit card the Jewish Community of Sedona and the Verde Valley is authorized 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

OFFICE USE ONLY: Date Payment Rcvd_____Amt___ Check No.____ CC# To Finance____