

NEW INDIVIDUAL MEMBERSHIP APPLICATION
July 1, 2026 – June 30, 2027

Member: Mr. Ms. Mrs. Dr. Other _____

Marital Status: Single: Married/Partner: Birthdate: _____ / _____ / _____

Last Name: _____ First Name: _____

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 _____

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 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** _____

MY BACKGROUND - GET INVOLVED

Please let us know your interests, talents or background, so that we can learn more about our members:



Get Involved

Our synagogue depends on volunteer leadership. Please select your areas of interest below. When you get involved, you will meet other members and help build our JCSVV community/mishpacha. A synagogue member will call you to follow up and answer questions about committees, clubs and volunteer opportunities.

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Jewish Education | <input type="checkbox"/> Bikkur Cholim | <input type="checkbox"/> Building Maintenance |
| <input type="checkbox"/> Bylaws & Policy | <input type="checkbox"/> Cultural Events | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Legacy Circle | <input type="checkbox"/> Library |
| <input type="checkbox"/> Marketing & Communications | <input type="checkbox"/> Membership | <input type="checkbox"/> Men's Club |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Onegs & Holidays | <input type="checkbox"/> Religious Affairs |
| <input type="checkbox"/> Security | <input type="checkbox"/> Shalom Singers Choir | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Social Activities | <input type="checkbox"/> Tech & Graphics | <input type="checkbox"/> Women's Havurah |

INDIVIDUAL MEMBERSHIP FORM

July 1, 2026 – June 30, 2027

- Receipt of this completed form by the JCSVV Office, along with your dues payment, will establish your financial commitment for the membership year.
- PLEASE COMPLETE THE GET INVOLVED SECTION ON THE PRIOR PAGE.
- Please inform the JCSVV Office of any changes to your address, phone number(s) or email
- Select your desired level of membership and payment plan by checking the boxes below.
- Please consider choosing the Benefactor Membership Package or a higher level of dues in one of the Tzedakah Circles if you are able.

INDIVIDUAL MEMBERSHIP OPTIONS

	<u>Annual</u>	<u>Semi-Annual</u>	<u>Quarterly</u>	<u>Monthly*</u>
<u>BASIC LEVEL</u>				
\$1,096 + \$100 Security Assessment	<input type="checkbox"/> 1,196	<input type="checkbox"/> 598	<input type="checkbox"/> 299	<input type="checkbox"/> 100*
<u>TZEDAKAH CIRCLES</u>				
Includes \$100 Security Assessment:				
Circle of Brachot – Blessing	<input type="checkbox"/> 1,375	<input type="checkbox"/> 688	<input type="checkbox"/> 344	<input type="checkbox"/> 115*
Circle of Chesed – Goodness	<input type="checkbox"/> 1,658	<input type="checkbox"/> 829	<input type="checkbox"/> 414	<input type="checkbox"/> 138*
Circle of Chochmah - Wisdom	<input type="checkbox"/> 1,945	<input type="checkbox"/> 973	<input type="checkbox"/> 486	<input type="checkbox"/> 162*
Circle of Chochmah - Hope	<input type="checkbox"/> 2,226	<input type="checkbox"/> 1,113	<input type="checkbox"/> 557	<input type="checkbox"/> 186*
<u>BENEFACTOR PACKAGE</u>				
	<input type="checkbox"/> 5,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 1,250	<input type="checkbox"/> 417*

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

- *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 jcsvvpresident@jcsvv.org. All communications are confidential.*

 Email Phone

 Street Address City State Zip Code

 Print Name Signature Date

*** MONTHLY PAYMENTS**
 This option is only available when the congregant arranges for a recurring e-check or provides a recurring credit card. See payment options on page 3.

OFFICE USE ONLY

Date Payment Received _____

Amount _____ M Q A

Check No. _____ Other _____

CC# or Auto Pay to Finance _____



Individual Membership Renewal Form 2026-2027

Print Name: _____

PAYMENT OPTIONS

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

- CHECK** - Made out to the JCSVV; mail to PO Box 13, Sedona AZ 86339 or call the office to arrange a time to drop it off. State "Dues payment" on memo line.
- E-CHECK** - *I agree to arrange for my bank, brokerage house or credit union to send a check(s) to JCSVV for my membership dues as indicated on my membership form.*
 - Checks should be made out to JCSVV, include your name and state "dues payment" on the memo line.
- QCD** – Qualified Charitable Distribution from an IRA– *I agree to arrange for my IRA custodian to send a check(s) to JCSVV for my membership dues as indicated on my membership form.*
 - Checks should be made out to JCSVV, include your name and state "dues payment" on the memo line.
- 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
- I acknowledge that 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 Paymt. Rcvd _____ Amt _____ Chk No. _____ To Finance _____