



Or Olam – The East 55th Street Synagogue
308 East 55th Street, New York, NY 10022 • 212.752.1200 • www.east55.org •
office@east55.org

Welcome to Or Olam—The 55th Street Synagogue. We are an energetic, warm, caring, and all-inclusive congregation in the Conservative Jewish tradition dedicated to study, religious observance, and acts of kindness to foster respect for all. We work to understand our ancient traditions through the study of Torah as our guide to today's modern living. We encourage our members to engage in social action, the study of our history and the words of our prophets, and to join in joyous celebration of our musical heritage.

MEMBERSHIP FORM

The information you furnish will be kept confidential. It is intended only for our records to help us to better serve you and your family.

FAMILY NAME _____

Primary Household:

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ FAX: _____

Second Household Address (if applicable):

Street Address: _____

City, State, Zip: _____

Phone: _____

ADULT 1

Title: Mr. ___ / Ms. ___ / Mrs. ___ / Dr. ___ Gender: Male ___ / Female ___

Name:(Last) _____ (First) _____ Cell Phone: _____

Date of Birth:(mm/dd/yyyy) _____

Hebrew Name: _____ Kohen / Levi / Israelite (Circle one if known)

If converted, name and affiliation of officiating rabbi: _____

EMERGENCY CONTACT: Name: _____ Phone: _____

Marital Status: Married ___ Widowed ___ Divorced ___ Single ___

Professional Status: Employed ___ Retired ___

Occupation/Title: _____

Company Name / Service: _____

Work Address: _____

Work Phone: _____ Cell Phone: _____ Business E-mail: _____

ADULT 2

Title: Mr. ___ / Ms. ___ / Mrs. ___ / Dr. ___ Gender: Male ___ / Female ___

Name:(Last) _____ (First) _____ Cell Phone: _____

Date of Birth: (mm/dd/yyyy) _____

Hebrew Name: _____ Kohen / Levi / Israelite (Circle one if known)

If converted, name and affiliation of officiating rabbi: _____

EMERGENCY CONTACT: Name: _____ Phone: _____

Marital Status: Married ___ Widowed ___ Divorced ___ Single ___

Professional Status: Employed ___ Retired ___

Occupation/Title: _____

Company Name / Service: _____

Work Address: _____

Work Phone: _____ Cell Phone: _____ Business E-mail: _____

INTERESTS AND ACTIVITIES

We encourage all members of the congregation to take an active part in Or Olam life. We would very much like you to choose one or more areas of interest.

I/We are interested in learning more about the following (Please initial column):

<u> </u> (Name)	<u> </u> (Name)	
<u> </u>	<u> </u>	Adult education – Developing courses and classes
<u> </u>	<u> </u>	Fundraising – Planning fundraising projects
<u> </u>	<u> </u>	Interfaith – Building bridges to other faiths
<u> </u>	<u> </u>	Israel – Educating the community about Israel
<u> </u>	<u> </u>	Music – Participating in volunteer music programming
<u> </u>	<u> </u>	Programming – Arranging cultural and social programs
<u> </u>	<u> </u>	Religious Services – Chanting Torah or Haftorah
<u> </u>	<u> </u>	Lead Children’s Services
<u> </u>	<u> </u>	Social Action – Working on projects to meet community needs
<u> </u>	<u> </u>	Membership Outreach
<u> </u>	<u> </u>	Website Design and/or Maintenance

2018-19 MEMBERSHIP DUES SCHEDULE
July 1 – June 30

X	Level	Annual Dues*	Amount Due
	Tzedek	\$5,800	
	Mitzvah	\$4,200	
	Bonim (Builders)	\$2,500	
	Individual	\$1,050	
	Two-Party Household	\$2,000	
	Individual Over 80	\$835	
	Two-Party Over 80	\$1,650	
	Individual Under 36	\$550	
	Two-Party Under 36	\$1,080	
	Full-Time Student	\$280	
	ADDITIONAL SEATS		
	Member's Immediate Family #___	\$250	
	Member's Guest(s) #___	\$350	
	KOL NIDRE CONTRIBUTION**		
	TOTAL DUE		

*Includes \$15 fee for United Synagogue of Conservative Judaism

** Kol Nidre: __\$180 __\$360 __\$540 __ \$1,000 __\$2,500 __\$3,600 __\$5,000
 __\$10,000 __\$18,000 Other: _____

Check made payable to *Or Olam – The East 55th Street Synagogue*

Credit card (or come to office to swipe your card) Master Card Visa American Express

Name _____ Card# _____

Expiration _____ Zip _____ CCVCode _____

Signature _____

Billing Address (if different from above) _____

Your membership will be activated upon receipt of your dues payment.

Signature _____ Date _____

Signature _____ Date _____

Approved Membership: _____ Date: _____