

MEMBERSHIP FORMS



Find Your Place

2018-2019 / 5778-5779

CONGREGATION NEVEH SHALOM



Please take a few moments and fill out all of the sections inside.

The more information we have about you and your family, the better our CNS community can welcome, support and guide you on your spiritual path and Jewish journey.

Thank you!

In this packet you will find these forms:

Interest Survey	Page 3 (opposite page)
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MEMBERSHIP INTEREST SURVEY

Welcome! We want to get to know you, and help you get to know the Neveh Shalom community. Tell us what you like to do and ways you would potentially like to be involved. **Please have each person fill one out individually.**

Name _____ e-mail _____ cell _____

Young Families and Children:

- Foundation School Preschool (Ages 12 mo-5 years)
- Shoshim/Tot Shabbat (Ages 0-5)
- Anafim/Kiddush Club (K-2nd Grade)
- Torah Troop (3rd-5th Grade)

Education:

- ALIYAH education K-6th grades
- Tichon education 7-12th grades
- Jr Kadima, Kadima & USY Youth Groups (3rd-12th grades)
- Adult Education Courses / Adult Hebrew

Committees:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Annual Giving | <input type="checkbox"/> The Chronicle Magazine | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Building & Grounds | <input type="checkbox"/> Finance | <input type="checkbox"/> Ritual |
| <input type="checkbox"/> Capital and Planned Giving | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Security |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Holiday Planning | |

Clubs and groups:

- | | |
|--|---|
| <input type="checkbox"/> Book/Film Club | <input type="checkbox"/> Men's Club |
| <input type="checkbox"/> Chesed Committee | <input type="checkbox"/> Mishpacha (Young Professionals: 21- early 30s) |
| <input type="checkbox"/> CNS Keshet (LGBTQ Individuals & Families) | <input type="checkbox"/> ORA, Northwest Jewish Artists |
| <input type="checkbox"/> Dad's Night | <input type="checkbox"/> Sisterhood & Gift Shop |
| <input type="checkbox"/> Hood River Havurah | <input type="checkbox"/> Special Needs Family Group |
| <input type="checkbox"/> Koleinu Choir | <input type="checkbox"/> Wondering Jews (65+) |

Tikkun Olam:

- | | |
|---|--|
| <input type="checkbox"/> Bake Cookies for Onegs or Special Events | <input type="checkbox"/> Habitat for Humanity |
| <input type="checkbox"/> Charity Drives (Food, Clothing, Household Goods) | <input type="checkbox"/> Meal Train |
| <input type="checkbox"/> College Outreach | <input type="checkbox"/> Never Again Coalition - Global Human Rights |
| <input type="checkbox"/> Cooking for the Homeless | <input type="checkbox"/> Shomrei Teva - Environmental Group |
| | <input type="checkbox"/> Tikkun Olam Social Action Committee |

Get Involved:

- | | |
|---|--|
| <input type="checkbox"/> Audio/Visual Assistance | <input type="checkbox"/> Library Helper |
| <input type="checkbox"/> Birthday Calls to Seniors | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Event Photography or Videography | <input type="checkbox"/> Reading Torah/Participating in Services |
| <input type="checkbox"/> Intergenerational Activities | <input type="checkbox"/> Shabbat Greeters |

Tell us more! What are your other skills or areas of expertise?

Today's date _____ Family Last Name _____ Home Address _____ City _____ Zip _____ Home Telephone _____ How long at residence? _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own	Adult 1 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Adult 2 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Family Status <input type="checkbox"/> Married (mm/dd/yyyy) _____ / _____ / _____ <input type="checkbox"/> Partner _____ <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced		
Synagogue Affiliation Were you or your family affiliated with a Synagogue before? If yes, Previous synagogue name _____ Location _____ Last year of affiliation _____		
<input type="checkbox"/> Conservative <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Reform <input type="checkbox"/> Renewal <input type="checkbox"/> Orthodox <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Other _____		
First Name _____ Last Name _____ Cell Phone _____ Email _____ Birth Name _____ Date of Birth (mm/dd/yyyy) _____ Occupation/Position _____ Company _____ Work Address _____ Work Phone _____ Work Email _____ Religion _____ <input type="checkbox"/> Jewish (<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel) <input type="checkbox"/> Other _____	<input type="checkbox"/> Jewish (<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel) <input type="checkbox"/> Other _____ Parent 1 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Jewish (<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel) <input type="checkbox"/> Other _____ Parent 2 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Jewish (<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel) <input type="checkbox"/> Other _____	<input type="checkbox"/> Jewish (<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel) <input type="checkbox"/> Other _____ Parent 1 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Jewish (<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel) <input type="checkbox"/> Other _____ Parent 2 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Jewish (<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel) <input type="checkbox"/> Other _____
Conversion Date & Place if Applicable _____ Hebrew First Name _____ Years Elementary Hebrew _____ Years Hebrew High School _____ Years Day School _____ Bar/Bat Mitzvah Date (mm/dd/yyyy) _____ Other Hebrew Education _____ Jewish Camp(s) Attended _____ Number Of Years _____ USY or Other Youth Group _____ Place of Birth _____		
Skills/interests _____ <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Chant Kiddush <input type="checkbox"/> Lead Services <input type="checkbox"/> Chant Torah or Haftarah <input type="checkbox"/> Chant "Special holiday tropes" <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Other _____	<input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Chant Kiddush <input type="checkbox"/> Lead Services <input type="checkbox"/> Chant Torah or Haftarah <input type="checkbox"/> Chant "Special holiday tropes" <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Other _____	<input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Chant Kiddush <input type="checkbox"/> Lead Services <input type="checkbox"/> Chant Torah or Haftarah <input type="checkbox"/> Chant "Special holiday tropes" <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Other _____

Photo Usage: Throughout the year, we take photos of our congregants (children and adults) for use in our emails, website, and other outreach. If you would like to opt out from photos of you or your child appearing in our publications, please note here _____.

Communication: Members receive these emails: Rabbi's Weekly email, CNS Weekly email and eChronicle. Please select additional emails (note: eblasts vary in frequency):
 Funeral Notifications Feldstein Library Shoreshim (Young Families) USY (Youth Activities) Adult Education Sisterhood Wondering Jews (Senior Activities)
 Men's Club Dad's Night Out

Please list here special talents, interests, memberships in clubs and communal associations, offices held, honors, books published etc.

How did you hear about Neveh Shalom? _____
 What attracted you to become a Neveh Shalom member? _____

CHILDREN (including step children- age newborn to 23)

English First & Last	Name		Gender	Birth Date (mm/dd/yyyy)	School		Hebrew School Grade	Bar/Bat Mitzvah Date	Conversion Date	Current address if different from above, including college/university
	Hebrew Including Parents				Grade	Name				

Other household members, please list their names and relationships. _____

ADULT CHILDREN (including step children – age 24 and above)

Full Name	Date of Birth	Date of Marriage	Spouse/Partner	Full Address

Other Family Members Who Are Members at Neveh Shalom

Name	Relationship

Yahrzeits

Observer	Name		Relationship	Date of Death <i>(We can look up the Hebrew date for you, if you are not sure)</i>		Memorial Plaque At CNS?	CNS? Do you want to receive Yahrzeit Notice from
	English First and Last	Hebrew Including Parents Names		English (mm/dd/yyyy) ____/____/____ <input type="checkbox"/> Before <input type="checkbox"/> After Sunset	Hebrew Date Month Year Date Month Year Date Month Year Date Month Year Date Month Year		
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does family have a cemetery plot? Yes No If yes, location _____
 If no, would you like more information about the Congregation Neveh Shalom Cemeteries and Mausoleums? Yes No

Please Return This Form to Congregation Neveh Shalom, 2900 SW Peaceful Lane, Portland, OR 97239 • FAX 503.246.7553

MEMBERSHIP COMMITMENT



Thank you for considering membership at Congregation Neveh Shalom. I am excited to be part of this membership journey with you and helping you find belonging and engagement in our kehilla (community)!

Congregation Neveh Shalom's Board of Directors and its committees continue to evaluate our synagogue's programs, staffing, and expenditures as well as our revenue stream. We take our responsibilities seriously and manage our synagogue's finances with integrity and transparency. Every effort has been made to contain costs while providing the highest quality programs and caliber of leadership for which we are known.

We have determined a membership commitment structure that maintains the ongoing operations of Congregation Neveh Shalom allowing us to support each of our families. In addition, we ask new members to make a Building Fund pledge equal to the first year of regular commitments payable over six years. A member in good standing has paid at least 50% of his/her commitments prior to January 4th of the fiscal year and has paid all remaining commitments in full by June 30th of the same fiscal year.

Board policy requires that all fees paid monthly must be paid by credit card or auto withdrawal from your bank account. Forms are included in this packet for either or both methods. If you choose not to pay monthly by credit card or auto withdrawal (ACH), payment must be made in full annually or semi-annually.

All membership commitments are confidential. We are aware that not all families can pay their established commitment level and invite members to speak with our membership director on a per case basis. No one is ever turned away due to an inability to pay.



Welcome!

Lindsay von Colditz
Membership & Engagement Director
programs@nevehshalom.org | 503.293.7313

MEMBERSHIP COMMITMENTS, DESCRIPTIONS AND GUIDELINES

MEMBERSHIP COMMITMENTS AND DESCRIPTIONS

July 2018 - June 2019 / 5778-5779

- Sustaining Member (35+): Full Annual Commitment - \$2,704**
 2 adults, family with children, or 1 adult
- Senior Members (65+): 85 % of Full Annual Commitment - \$2,288**
 2 senior adults
- Senior Member (65+): 62% of Full Annual Commitment - \$1,695**
 Single senior
- CNS Member (35+): Membership at 85% of Full Annual Commitment - \$2,288**
 Interfaith family or single parent family
- Young Family Members (<35): Membership at 50% of Full Annual Commitment - \$1,352**
 2 adults, both parents under 35, plus children under 18.
***NEW Young Family Shul Pass!** Add \$180 to your young family membership and receive: synagogue dinners for all major holidays (4 total) and 3 PJ Havdallahs. Must have on time RSVP. No refunds. (\$240+ value)
- Young Adult Member - \$180**
 Ages 18 – 35
- Affiliate: Membership at 50% of Full Annual Commitment - \$1,352**
 A family or an individual who is a current member in good-standing at another congregation. Or, a family or an individual who lives out of town.
- Chai (Lifetime): Capped Membership**
 Membership commitments determined on an individual basis. Member rate will be set for the entirety of congregant's membership.
- Shalom: Complimentary Membership**
 Gift of membership from CNS in celebration of marriage or conversion. Membership commitments deferred for first year of affiliation. Terms of complimentary membership determined by individual life cycle events and timing with CNS membership year.

For Office Use Only

Name:	Date:
Commitment Category:	Member ID:
Commitment Amount:	Membership Date:
Notes:	Comments:
Please bill: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Building Fund <input type="checkbox"/> Automatic Payment Plan <input type="checkbox"/> Credit Card Payment Plan <input type="checkbox"/> Photo Use	

CREDIT CARD AUTHORIZATION AGREEMENT

IMPORTANT Payment Options:

The Neveh Shalom Board of Directors requires that all fees paid monthly **MUST** be paid by credit card or by ACH (auto withdrawal) from your bank account. Otherwise all fees must be paid annually or semi annually.

To use your credit card, please fill out and return the form below which authorizes the synagogue to charge your account. **Please note that there is a 2% fee charged on all credit card transactions unless this box is checked** .

Member ID # _____ Date _____

Payment Method: VISA _____ MASTER CARD _____ DISCOVER _____ CCV2 _____ (3 digit code)

Credit Card # _____ Expiration Date _____

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

- | | | | | |
|--|--|--|--------------------------------------|--|
| <input type="checkbox"/> Charge Monthly | <input type="checkbox"/> Semi-Annual | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annual July | <input type="checkbox"/> Charge one time |
| <input type="checkbox"/> All outstanding monthly charges | <input type="checkbox"/> July & Jan.
<input type="checkbox"/> July & Dec. | <input type="checkbox"/> (July, Oct.,
Jan. & April) | | |

Authorized Charges – Apply to Account # _____

- | | | |
|---|--------------|---------------|
| <input type="checkbox"/> Membership Dues | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Annual Giving Campaign | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Building Fund | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> ALIYAH | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Foundation School | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Capital Campaign | Notes: _____ | Amount: _____ |
| <input type="checkbox"/> Other | Notes: _____ | Amount: _____ |

TOTAL Amount: _____

Signature: _____

Staff initials _____

AUTOMATED CLEARING HOUSE TRANSACTION FORM (ACH) ELECTRONIC PAYMENT

Please return with a voided check attached to this application

Name of Financial Institution Checking or Savings: _____

Bank Routing Number (9-digit number far left bottom of check) _____

Bank Account Number (located to right of routing number) _____

Amount to be withheld: _____

Date to withhold: Monthly on 5th Monthly on 20th Quarterly on 15th

Starting Date for Foundation School Deduction is always October unless otherwise noted:

Please deduct for: All Outstanding Monthly Charges **OR**

Dues Building Fund CNS Aliyah Jewish Learning Program Foundation School Fees

Annual Giving Program Capital Campaign Other

Please Print First and Last Name of Account Holder: _____

Account Holder Signature (Required) and Date: _____

Joint Account Holder Signature (Optional) _____

If applying to an account other than the account holder please list the name below:

For *Congregation Neveh Shalom* to verify bank account and routing numbers, account holders should attach a **VOIDED CHECK** for each account to be debited. Congregation Neveh Shalom and account holders should retain copies of this form for their records. ***THIS FORM IS FOR CONGREGATION NEVEH SHALOM and ACCOUNT HOLDER USE ONLY. It is not required to forward copies to your bank.***

I hereby authorize Congregation Neveh Shalom to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to Congregation Neveh Shalom. This authorization will remain valid until I, Congregation Neveh Shalom, or my financial institution revokes it.

I can suspend payment of a monthly bill by notifying Congregation Neveh Shalom by 4:00 p.m. three business days before a payment is scheduled to be deducted from my account. I understand that two or more suspensions of payment in a 12-month period may result in cancellation of my participation in the ACH Electronic Payment program.

I understand that the ACH program is an alternative method of payment only and does not otherwise affect my rights, the rights of Congregation Neveh Shalom or those of my financial institution. I further understand that Congregation Neveh Shalom and my financial institution reserve the right to terminate the ACH program and/or my participation in it. If I wish to discontinue my participation in the ACH program, I may do so by notifying Congregation Neveh Shalom in writing 10 days prior to the date of withhold you authorized.

For Office Use only: Date Received _____ Member ID # _____

Member ID # applying funds to _____ Staff Initials _____

BUILDING FUND CONTRACT

Name _____	
<i>Please Print</i>	
Date _____	Acct. # _____

BUILDING FUND CONTRACT

**Begins Fiscal Year
July 1, 2018**

The Board of Directors has resolved that each new member shall agree to pay a Building Fund Assessment of **\$2,704** payable over a six year time period. (This time period can be extended in extenuating circumstances). *First building fund payment to coincide with first membership commitment payment.*

I agree to pay a Building Fund Assessment of **\$2,704** to be paid in full by

_____.

Payment Options:

- In full within one year with a 10% reduction of \$270 (\$2,434)
- Annually \$450.66 x 5 years and \$450.70 X 1 year
- Monthly \$37.60 x 71 months and \$34.40 x 1 month (this method requires payment by credit card or ACH (auto withdrawal) monthly)

Signature

ABOUT NEVEH SHALOM

Congregation Neveh Shalom

is Portland's welcoming and egalitarian Conservative congregation. We offer a dynamic array of religious services, exceptional education programs, opportunities to engage in social justice and many cultural and social activities. CNS thrives in creating and deepening relationships to Judaism and our community.



We invite you to find your place with us!

Now Touring!

Tours are available by appointment Monday - Friday from 9 am – 2 pm, and after hours as requested.

Facebook – Like us! www.facebook.com/CongregationNevehShalom

Website – www.nevehshalom.org – Keep up with us!

Administrative Office Hours:

Monday - Thursday: 9:00am – 5:00pm, Friday: 9:00am – 4:00pm, Closed weekends & major holidays

Services:

Morning Minyan Weekdays - 7:15am (7:00am on Rosh Chodesh), Sunday - 9:00am

Kabbalat Shabbat Friday 6:15pm (8:00pm on the Fourth Friday of the month)

Shabbat Service Saturday 9:00am

Check our calendar for monthly special services, programs and upcoming events.



The Community of
Welcoming Congregations
Providing a Voice for LGBTQ & Allied People of Faith