



Member Application

Mail To: Jewish Community of Ojai, P.O. Box 172, Ojai, California 93024

Membership Information (Share as much as you like)

Member Name(s) _____ Occupation _____

Child's Name: _____ Birthdate: _____ Sex: M F Grade: _____

Child's Name: _____ Birthdate: _____ Sex: M F Grade: _____

Child's Name: _____ Birthdate: _____ Sex: M F Grade: _____

Other family members living with you and their relationship _____

Member Address _____ City _____ Zip _____

Phone: Day _____ Evening _____

Email address: _____

Emergency contact: Name: _____ Relationship: _____

Telephone: _____ Address: _____

Yartzeit/Anniversary of Relative's Death:

Name _____ Relationship _____ English date: _____

Name _____ Relationship _____ English date: _____

Name _____ Relationship _____ English date: _____

Membership Dues (Check one)

Annual: ___ Family \$880 ___ Couple/One Parent Family \$720 ___ Single \$460

After Jan 1: ___ Family \$430 ___ Couple/One Parent Family \$375 ___ Single \$220

2nd Temple: ___ Family \$430 ___ Couple/One Parent Family \$375 ___ Single \$220

Dues Relief: ___ I request confidential consideration of dues relief

Please enclose your check (to "Jewish Community of Ojai") in full payment of the amount noted above or visit our website at www.ojaitemple.org if you wish to use a credit card or pay via four equal installments. Installment payments are only available to those paying full annual dues. We accept Visa, Master Card, Discover and American Express. Please process your credit card transaction when you submit this application. Dues do not include school fees or b'nai mitzvah training fees.

Our membership year is from June 1 to May 31

Signature _____

Date of Application _____

Please separately provide any comments regarding what is significant or important about the experience you desire from your membership at the Jewish Community of Ojai.