

MEMBERSHIP APPLICATION

Mail To: Temple K'hilat Ha'Aloneem Membership, 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 _____
Relationship _____

Member Address _____ City _____ Zip _____

Phone: Day _____ Evening _____

Email address: _____

Emergency contact: Name: _____ Relationship: _____

Telephone: _____ Address: _____

Yartzeit/Anniversary of Relatives Death:

Name _____ Relationship _____ English date: _____

Name _____ Relationship _____ English date: _____

Name _____ Relationship _____ English date: _____

Membership Dues (Check one)

Annual: __Family \$825 __Couple/One Parent Family \$675 __Single \$425

After Jan 1: __Family \$400 __Couple/One Parent Family \$350 __Single \$200

2nd Temple: __Family \$400 __Couple/One Parent Family \$350 __Single \$200

Dues Relief: __Request Confidential Consideration of Dues Relief

Please enclose your check (made out to "K'hilat Ha'Aloneem") in full payment of the amount noted above or provide your credit card information

Type of card (check one) __Visa __MC __Amex __Discover

Card Number: _____ Card Expiration Date (mm/yy): _____

Check here__ and we will charge your credit card for one-quarter of the amount due in June, September, December and February. If you join mid-year we will divide the amount due by the number of remaining aforementioned billing periods.

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 the Oaks.