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## SECULAR JEWISH CIRCLE of PUGET SOUND

### MEMBERSHIP APPLICATION 2009-2010

New Member: How did you hear about the SJCPS? \_\_\_\_\_

**Adult 1**(Last)\_\_\_\_\_ (First)\_\_\_\_\_ Middle Initial\_\_\_\_\_

Home Address\_\_\_\_\_ Apt or Suite Number\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_ Email\_\_\_\_\_

Home Phone(\_\_\_\_)\_\_\_\_\_ Day Phone(\_\_\_\_)\_\_\_\_\_ Cell(\_\_\_\_)\_\_\_\_\_

Occupation\_\_\_\_\_ Birthdate\_\_\_\_\_

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**Adult 2**(Last)\_\_\_\_\_ (First)\_\_\_\_\_ Middle Initial\_\_\_\_\_

Home Address\_\_\_\_\_ Apt or Suite Number\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_ Email\_\_\_\_\_

Home Phone (\_\_\_\_)\_\_\_\_\_ Day Phone (\_\_\_\_)\_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_\_

Occupation\_\_\_\_\_ Birthdate\_\_\_\_\_

Anniversary if applicable\_\_\_\_\_

Enrolled Child(ren) resides with  Both Adults  Adult 1  Adult 2

Child 1 \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Nickname \_\_\_\_\_

Child 2 \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Nickname \_\_\_\_\_

Child 3 \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Nickname \_\_\_\_\_

Child 4 \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ M/F \_\_\_\_\_ Nickname \_\_\_\_\_

OFFICE USE ONLY

Date Received \_\_\_\_\_ Comments \_\_\_\_\_



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## SECULAR JEWISH CIRCLE of PUGET SOUND Involvement 2009-2010

Secular Jewish Circle is an all volunteer community and our success relies heavily upon member involvement.  
**ALL MEMBERS ARE ASKED TO PARTICIPATE IN THIS WAY.**

Please consider at least 10 hours of volunteer time per household per year.

Adult #1 \_\_\_\_\_

Adult #2 \_\_\_\_\_

Please indicate with your initials in the boxes below your areas of interest.  
 SJC will follow up with specific volunteer opportunities.

<p><b>Community Engagement and Membership</b></p> <ul style="list-style-type: none"> <li>• Member inreach</li> <li>• Community outreach, Marketing</li> <li>• Social gatherings</li> <li>• Mentoring new members</li> <li>• Fundraising</li> </ul>	<p><b>Ritual Development &amp; Programming</b></p> <ul style="list-style-type: none"> <li>• Life Cycle ceremonies</li> <li>• Holiday programs &amp; events</li> <li>• Shabbat ritual</li> <li>• Shabbat logistics</li> </ul>
<p><b>Education Development &amp; Programming</b></p> <ul style="list-style-type: none"> <li>• Adult education</li> <li>• Jewish studies</li> <li>• Shalom Sunday school</li> <li>• Shabbat discussions</li> </ul>	<p><b>Tikkun Olam</b></p> <ul style="list-style-type: none"> <li>• Social Action Committee</li> <li>• Mitzvah Corps</li> <li>• Mitzvah Day</li> <li>• Jewish Family Service collections</li> </ul>

Do you have special skills or knowledge to share? Do you have a specific request? Please let us know:

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**Member**

Yes, I/we want to receive the  Weekly email bulletin  Bi-monthly email news

**Communications**

No, I/we want the paper version of the bi-monthly newsletter sent by regular mail

New Members: Yes I/we want to be added to the un-moderated Yahoo E-list for member communications

Emails will be sent to all registered email addresses listed unless otherwise indicated below:

\_\_\_\_\_

Yes, I/we want to be listed in the Member Directory, by last name: \_\_\_\_\_





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<b>STUDENT MEDICAL INFORMATION</b>		
Child's name	Birth date	
Physician	Phone (     )	
Child's name	Birth date	
Physician	Phone (     )	
Child's name	Birth date	
Physician	Phone (     )	
Insurance Provider	Policy Number#	
<b>Emergency Contacts:</b>		
Name	Relationship	Phone
Name	Relationship	Phone

## MEMBER CONSENT

### PERMISSION FOR EMERGENCY MEDICAL CARE

\_\_\_\_\_ Please initial: I/We give permission for my/our child(ren) to receive basic first aid while at SJC. All current medical concerns and limitations have been detailed and provided by me/us to SJC. I/we consent to emergency medical, surgical, and hospital treatment by a licensed medical emergency team, physician, or hospital (including transport by aid car or ambulance) when deemed immediately necessary to guard my/our child(ren)'s health while at SJC, and I/we cannot be contacted.

### PERMISSION FOR FIELD TRIPS

\_\_\_\_\_ Please initial: I/We give permission for my/our child(ren) to attend SJC field trips, and understand that transport will be by parent carpool, public transit, or walking. Parents will be notified of any field trips in advance. Teachers are required to notify the Education Director if they are taking students off the grounds of the Stroum Jewish Community Center.

### PERMISSION FOR PHOTOGRAPHY AND PUBLICITY

\_\_\_\_\_ Please initial: I/We allow SJC to put photographs of your child(ren) on the SJC website or in other publicity materials for educational and advertising purposes.

\_\_\_\_\_ Please initial: I/we allow SJC to put photographs of adult members on the SJC website or in other publicity materials for educational and advertising purposes.



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## MEMBERSHIP FEE and TUITION

Membership dues enable SJC to provide a diverse schedule of programs and activities for our community. Timely payments will better enable our community to provide expected services, education and programming. Please help us by communicating payment change requests and SJC will do our best to accommodate on an individual basis. Please contact the SJC office **on or before the date payment is due**.

**Annual membership, per household:** Membership entitles members to all community activities as well as reduced cost tickets at Rosh Hashanah and Passover events, weekly bulletin, bi-monthly newsletter, member directory, ritual and lifecycle ceremony support, social groups and adult and student education. SJC strongly encourages households with more than one adult to join the "two adult" category. It is our hope that both adults will be involved as a support to SJC and to each other.

*SJC is a member of a national organization, The Society for Humanistic Judaism. In addition to SJC dues, all members pay for affiliation with SHJ. Each member receives mailings of the SHJ community newsletter, receipt of their quarterly journal, and access to educational materials, databases, conferences and courses offered by the International Institute for Secular Humanistic Judaism.*

Single Adult Household Membership	Two Adult Household Membership	Limited Income Membership	Associate Supporter (newsletter only)	Shalom Sunday Tuition Per student	B'nai Mitzvah Tuition Per student
\$325.00	\$590.00	\$150.00	\$75.00	\$675.00	\$450.00

\$ \_\_\_\_\_ \* Membership dues per household  
 \$ \_\_\_\_\_ Total Shalom Sunday school tuition costs per household  
 \$ \_\_\_\_\_ Total B'nai Mitzvah costs per household  
 \$ \_\_\_\_\_ \* Annual Fund (Suggested: \_\_\$50 \_\_\$100\_\_ \$250\_\_ \$500\_\_ \$750)  
 \$ \_\_\_\_\_ \* Shalom Sunday Scholarship Fund (Suggested: \_\_\$25 \_\_\$75\_\_\$125\_\_\$200\_\_\$275 \_\_other)  
 \$ \_\_\_\_\_ **TOTAL Due by August 31, 2009** **\*tax deductible**

All completed membership applications and renewals received by August 31, 2009 will receive complimentary Rosh Hashanah tickets for the enrolled family members.

**Please choose a preferred payment schedule:**

- Paid in full. Please call SJC, (206) 528-1944 for credit card payment options.
- \$500 deposit now plus 2 installments: Sept/Jan. You will be invoiced.
- \$100 deposit now plus 3 installments: Sept /Dec/Mar. You will be invoiced.
- Please, I need to discuss further options (i.e. Monthly payments)

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Member Signature \_\_\_\_\_

Date \_\_\_\_\_