



Mosaic Law Congregation



Membership Application

2300 Sierra Blvd ☆ Sacramento, CA 95825 ☆ 916-488-1122 ☆ www.MosaicLaw.org

B'ruchim Habaim. Welcome to Mosaic Law Congregation! Since 1900 our congregation has endeavored to be a place of comfort for all members. We hope you find membership an enriching experience and you are encouraged to participate in our many spiritual, educational, cultural and social action programs.

First Applicant (please print clearly)

_____ Date

(circle one) Mr. Mrs. Ms. Mx. Dr. Other _____

_____ Last Name

_____ First Name & Middle Initial

Address: _____

City/State/Zip _____

Home Phone: _____

Cell Phone: _____

Email: _____

Work Phone: _____

Birth Date: _____

Birth Place: _____

Occupation: _____

Employer (optional): _____

Gender: M F NB: _____

Marital Status: Married Widowed Single Divorced Partnership

_____ Anniversary Date (if applicable)

Religious Background: Born Jewish Jewish by Choice Other _____

Tribe: Kohen Levi Israelite

Religious background in which you were raised:

Reform Reconstructionist Orthodox Jewish unaffiliated Conservative Other _____

If Jewish by Choice: Date of Conversion _____ Congregation _____ City/State _____

Hebrew Name in English: _____

Parent 1 – English Name: _____ Hebrew Name: _____

Example: Rachel Leah bat Moshe HaKohen v' Sarah Freydel (Rachel Leah the daughter of Moshe (who is a Kohen) and Sarah Freydel)

Parent 2 – English Name: _____ Hebrew Name: _____

Example: Shimon Tzvi ben Moshe v 'Chaya Tova (Shimon Tzvi the son of Moshe and Chaya Tova)

Ritual Skills: Bar/Bat/B'nai Mitzvah Read Hebrew Speak Hebrew Lead Services

Sing in Choir Play Musical Instrument Chant Torah Chant Haftarah

Additional Language Fluency:

Hebrew Spanish Russian German Yiddish French Other _____

Please list relatives in Mosaic Law Congregation and your relationship: _____

Have you previously been a member of Mosaic Law Congregation? If so, when? _____

Most recent or current congregational affiliation: _____

NAME: _____

Please indicate which areas are of interest to you:

Please indicate your availability: Monday Tuesday Wednesday Thursday Friday Weekends
 Mornings Afternoon Summer Winter Fall Spring Number of hours per week/month: _____

Activities

Please check off the activities that interest you.

- Adult Education
- Adult Bar/Bat Mitzvah
- Choir
- Daily Minyan
- Haftarah Reading Classes
- Havurah
- Hebrew Language Classes
- Instrumental Band
- Israel Programs
- Mah Jongg
- Men's Club
- MLC 2030s Young Adults
- MLC Keshet
- MLC Sustainability
- Photography
- Religious Meditation
- Sisterhood
- Torah Reading Classes
- Website Design
- Youth Education

Standing Committees

Please check off your interest in serving on any of these committees:

- Aesthetics
- Building and Grounds
- Education and Youth
- Endowment and Funding
- Finance and Budget
- Membership
- Ritual
- Security

Your Skills

Your skills are valuable to our congregation. Please list your areas of expertise.

- Accounting
- Architectural/ Graphic Design
- Artist
- Bookkeeping/Accounting
- Carpentry
- Computer
- Counseling
- Electrician
- Event/Program Planning
- Finance
- Fundraising
- Government:
 - Local State Federal
- Grant Writing
- Handyman
- Human Resources
- Insurance
- Legal
- Maintenance/Gardening
- Marketing
- Medical
- Musical Instrument/Singing:

Instrument Name _____
- Plumber
- Public Relations
- Real Estate
- Sales
- Teaching
- Telephone Calls
- Writing/Editing
- Youth Leadership
- Other _____

Volunteer Groups

Please indicate your areas of interest:

- Archives
- Building/Grounds Maintenance
- Chevra Kadisha
- Community Outreach
- Consolation Meals/Activities
- Driving Members to Services
- Kiddush/Oneg
- KOH Library
- Social Action/Tikkun Olam
- Synagogue Office
- Ushering
- Visiting Ill Members
- Volunteer Coordination
- Sisterhood Gift Shop

Programs

- Friday Night Live
- Shababababa
- Havdalah
- Concert Committee
- Family Services & Tot Shabbat
- College Outreach

Second Applicant (please print clearly)

_____ Date _____
(circle one) Mr. Mrs. Ms. Mx. Dr. Other _____

_____ Last Name _____ First Name & Middle Initial _____

Address: _____ City/State/Zip _____
If different from Primary Applicant

Home Phone: _____ Cell Phone: _____
If different from Primary Applicant

Email: _____ Work Phone: _____

Birth Date: _____ Birth Place: _____

Occupation: _____ Employer (optional): _____

Gender: M F NB: _____

Marital Status: Married Widowed Single Divorced Partnership _____
Anniversary Date (if applicable) _____

Religious Background: Born Jewish Jewish by Choice Other _____

Tribe: Kohen Levi Israelite

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Additional Language Fluency:
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Please list relatives in Mosaic Law Congregation and your relationship: _____

Have you previously been a member of Mosaic Law Congregation? If so, when? _____

Most recent or current congregational affiliation: _____

Interest Page: Co-Applicant: NAME: _____

We welcome you to our family and want to get to know you better. Becoming involved in activities and/or events will help integrate you into our synagogue community. Please indicate which areas are of interest to you:

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- Havurah
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- Instrumental Band
- Israel Programs
- Men’s Club
- MLC 2030s Young Adults
- MLC Keshet
- MLC Sustainability
- Photography
- Religious Meditation
- Torah Reading Classes
- Website Design
- Women’s Network
- Youth Education

Standing Committees

Please check off your interest in serving on any of these committees:

- Aesthetics
- Building and Grounds
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- Finance and Budget
- Membership
- Ritual
- Security

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- Electrician
- Event/Program Planning
- Finance
- Fundraising
- Government:
 - Local State Federal
- Grant Writing
- Handyman
- Human Resources
- Insurance
- Legal
- Maintenance/Gardening
- Marketing
- Medical
- Musical Instrument/Singing:

Instrument Name _____
- Plumber
- Public Relations
- Real Estate
- Sales
- Teaching
- Telephone Calls
- Writing/Editing
- Youth Leadership
- Other _____

Volunteer Groups

Please indicate your areas of interest:

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- Synagogue Office
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- Visiting Ill Members
- Volunteer Coordination
- Women’s Network Gift Shop

Programs

- Friday Night Live
- Shababababa
- Havdalah
- Concert Committee
- Family Services & Tot Shabbat
- College Outreach

Children Living at Home:

(If more than four children, please use a separate sheet.)

Child #1

Last Name First Name & Middle Initial

Gender: _____ Birthdate: _____ Hebrew Name in English: _____

Religious Background: Born Jewish Jewish by Choice Other _____

Special Needs? (if yes, please describe) _____

Grade: _____ Current School: _____

Bar/Bat/B'nai Mitzvah? Yes, Date: No Date: _____ Parsha: _____

Child #2

Last Name First Name & Middle Initial

Gender: _____ Birthdate: _____ Hebrew Name in English: _____

Religious Background: Born Jewish Jewish by Choice Other _____

Special Needs? (if yes, please describe) _____

Grade: _____ Current School: _____

Bar/Bat/B'nai Mitzvah? Yes, Date: No Date: _____ Parsha: _____

Child #3

Last Name First Name & Middle Initial

Gender: _____ Birthdate: _____ Hebrew Name in English: _____

Religious Background: Born Jewish Jewish by Choice Other _____

Special Needs? (if yes, please describe) _____

Grade: _____ Current School: _____

Bar/Bat/B'nai Mitzvah? Yes, Date: No Date: _____ Parsha: _____

Child #4

Last Name First Name & Middle Initial

Gender: _____ Birthdate: _____ Hebrew Name in English: _____

Religious Background: Born Jewish Jewish by Choice Other _____

Special Needs? (if yes, please describe) _____

Grade: _____ Current School: _____

Bar/Bat/B'nai Mitzvah? Yes, Date: No Date: _____ Parsha: _____

Yahrzeit Information

To receive reminders of Yahrzeit dates, please list the information below.

Please list the names and dates of deaths of loved ones for whom you wish to observe Yahrzeit.

If time of death is after sundown, please note.

Name	Family Relationship	Secular Date of Death Month/Day/Year	Death Before or After Sundown

(Please list additional loved ones on a separate sheet.)

Would you like to order a Synagogue Memorial Plaque for any of your family members? Yes No

Do you own any cemetery property? Yes No If yes, location: _____

Would you like to receive information about **Home of Peace**, the Jewish Cemetery in Sacramento? Yes No

Would you like information of pre-need funeral arrangements in Sacramento? Yes No

Would you like to join a Havurah? Yes No (If yes, please complete form found on MLC website)

2022 Member Dues Schedule

Shomrim (Guardians)*	\$ 3,600.00
Family	\$ 2,400.00
Young Couple 27-32 yrs	\$ 1,500.00
Young Couple 23-26 yrs	\$ 780.00
Single >33 yrs	\$ 1,500.00
Young Single 27-32 yrs	\$ 400.00
Young Single 23-26 yrs	\$ 200.00
Young Single 18-22 yrs	\$ 36.00
Limited Income	\$ 900.00
Associate Member**	\$ 300.00

*****Each household is invoiced \$180 annually for a Security Assessment*****

*Shomrim benefits include unlimited High Holiday tickets for household family members and one reserved parking place for the High Holidays and fee-free MLC education programs for all household family members (excluding Bar/Bat/B'nai Mitzvah training).

**Associate members receive all standard membership privileges except High Holiday tickets and full member voting privileges. Associate members must be full time members of another congregation. Please list your primary congregation: _____

Dues adjustment: Mosaic Law Congregation membership is open to all, regardless of means. If the dues schedule poses a substantial burden, you are encouraged to contact the Membership Committee to request a dues adjustment.

Building Fund: Members of 5 years or less are expected to contribute to the MLC Building Fund:

\$300.00 per year for 5 years Other \$ _____

I agree to pay dues in the amount of:

\$ _____ (Pro-rated amount for _____ months at \$ _____ per month)

Mosaic Law Congregation offers several payment methods. While encouraging all members to pay in full, we have also established the following payment program:

Check Enclosed:

- 1) Pay in Full (Total amount) \$ _____ OR
 2) Initial Payment \$ _____ Bill me for balance \$ _____ OR Monthly \$ _____ Quarterly \$ _____

Electronic Funds Transfer (Please attach a blank, voided check):

- 1) Pay in Full (Total amount) \$ _____ OR
 2) Initial Payment \$ _____ Bill me for balance \$ _____ OR Monthly \$ _____ Quarterly \$ _____

Credit Card:

- 1) Pay in Full (Total amount) \$ _____ OR
 2) Initial Payment \$ _____ Bill me for balance \$ _____ OR Monthly \$ _____ Quarterly \$ _____

Please note: Mosaic Law Congregation pays a credit card processing fee of about 3%. Your donations to cover this fee are appreciated.

Processing Fee Donation \$ _____

VISA MasterCard American Express

Credit Card # _____

Expiration Date _____ 3 or 4-digit Security Code _____ Billing Zip Code _____

Your signature reflects your personal commitment as well as your authorization for credit card or electronic funds transfers (if applicable)

Signature and Date

First Applicant

Second Applicant

Name (please print)

Name (please print)

Signature

Date

Signature

Date