



Mosaic Law Congregation



Membership Application

2300 Sierra Blvd ✦ Sacramento, CA 95825 ✦ 916-488-1122 ✦ 916-488-1165 fax ✦ www.MosaicLaw.org

Bruchim 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.

Primary Applicant (please print clearly)

_____ Date

(circle one) Mr. Mrs. Ms. 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 Other: _____

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

Religious Background: Born Jewish Jewish by Choice Other _____

Tribe: Cohen 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 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 Ukrainian 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: _____

Interest Page: Primary 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:

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
- Photography
- Religious Meditation
- Torah Reading Classes
- Website Design
- Sisterhood
- 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
- Keshet/Pride

Programs

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

Co-Applicant (please print clearly)

_____ Date

(circle one) Mr. Mrs. Ms. 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: _____

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- Security

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- Legal
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- Marketing
- Medical
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Instrument Name _____
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- Social Action/Tikkun Olam
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- Volunteer Coordination
- Sisterhood Gift Shop
- Keshet/Pride

Programs

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- 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: _____

Religious Background: Born Jewish Jewish by Choice Other _____

Special Needs? (if yes, please describe) _____

Grade: _____ Current School: _____

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

Child #2

Last Name First Name & Middle Initial

Gender: _____ Birthdate: _____ Hebrew Name: _____

Religious Background: Born Jewish Jewish by Choice Other _____

Special Needs? (if yes, please describe) _____

Grade: _____ Current School: _____

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

Child #3

Last Name First Name & Middle Initial

Gender: M F Birthdate: _____ Hebrew Name: _____

Religious Background: Born Jewish Jewish by Choice Other _____

Special Needs? (if yes, please describe) _____

Grade: _____ Current School: _____

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

Child #4

Last Name First Name & Middle Initial

Gender: M F Birthdate: _____ Hebrew Name: _____

Religious Background: Born Jewish Jewish by Choice Other _____

Special Needs? (if yes, please describe) _____

Grade: _____ Current School: _____

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

2023 Member Dues Schedule

| | | |
|--------------------------|--|-------------|
| Shomrim (Guardians)* | | \$ 3,600.00 |
| Family | | \$ 2,400.00 |
| Young Couple 27-32 yrs | | |
| 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 Situation | | \$ 900.00 |
| Associate Member** | | \$ 300.00 |

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

*Shomrim benefits include unlimited High Holiday (HH) tickets for “nuclear” family members and one reserved parking place, fee free MLC education programs for all “nuclear” family members (excluding Bar/Bat 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:

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

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

VISA MasterCard American Express Discover

Credit Card # _____

Expiration Date _____ 3-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

Primary Applicant

Name (please print)

Signature

Date

Co-Applicant

Name (please print)

Signature

Date