



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)

Mr. Mrs. Ms. Mx. Dr. Other _____ Date _____

Last Name First Name

Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____ Preferred Phone: _____

Birth Date: _____ Birthplace: _____

Occupation: _____

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 Israel

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 in English: _____
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 in English: _____
Example: Shimon Tzvi ben Moshe v Chaya Tova (Shimon Tzvi the son of Moshe and Chaya Tova)

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

Additional Language Fluency:
 Spanish Russian German Yiddish French Other _____

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

Please list relatives at 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: _____

FIRST APPLICANT INTEREST

Please indicate your availability:

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Weekends _____
Mornings _____ Afternoon _____ Evenings _____

Please indicate which areas are of interest to you:

Activities

- Adult B’nai Mitzvah
- Cantillation
- Choir
- Hebrew Classes
- MLC Sustainability

Standing Committees

- Programming
- Education & Youth
- Facilities
- Finance & Budget
- Membership
- Security
- Men’s Club
- Sisterhood
- MLC 2030

Programs

- Family & Youth Services

Your Skills

- Buildings & Grounds
- Marketing & PR
- Musical Instrument/Singing

Volunteer Groups

- Assisting in Kitchen
- Building/Grounds Maintenance
- Driving Members to Services
- KOH Library
- Meals of Condolence
- MiSheberach Callers
- Nechama
- Office Volunteer
- Sisterhood Gift Shop
- Social Action/Team Isaiah
- Ushering
- Visiting Ill Members

SECOND APPLICANT INTEREST

Please indicate your availability:

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Weekends _____
Mornings _____ Afternoon _____ Evenings _____

Please indicate which areas are of interest to you:

Activities

- Adult B’nai Mitzvah
- Cantillation
- Choir
- Hebrew Classes
- MLC Sustainability

Standing Committees

- Programming
- Education & Youth
- Facilities
- Finance & Budget
- Membership
- Security
- Men’s Club
- Sisterhood
- MLC 2030

Programs

- Family & Youth Services

Your Skills

- Buildings & Grounds
- Marketing & PR
- Musical Instrument/Singing

Volunteer Groups

- Assisting in Kitchen
- Building/Grounds Maintenance
- Driving Members to Services
- KOH Library
- Meals of Condolence
- MiSheberach Callers
- Nechama
- Office Volunteer
- Sisterhood Gift Shop
- Social Action/Team Isaiah
- Ushering
- Visiting Ill Members

Second Applicant (please print clearly)

Mr. Mrs. Ms. Mx. Dr. Other _____ Date _____

Last Name First Name

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

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

Email: _____ Preferred Phone: _____

Birth Date: _____ Birthplace: _____

Occupation: _____

Gender: M F NB: _____

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

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

Additional Language Fluency:
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Please list relatives at 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: _____

Children Living at Home:

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

Child #1

Last Name First Name

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 No Date: _____ Parsha: _____

Child #2

Last Name First Name

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 No Date: _____ Parsha: _____

Child #3

Last Name First Name

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 No Date: _____ Parsha: _____

Child #4

Last Name First Name

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 No Date: _____ Parsha: _____

Current Dues Schedule

Shomrim (Guardians)*	\$3,900.00
Family	\$2,600.00
Young Couple 27-32 yrs	\$1,650.00
Young Couple 23-26 yrs	\$860.00
Single >33 yrs	\$1,650.00
Young Single 27-32 yrs	\$480.00
Young Single 23-26 yrs	\$300.00
Young Single 18-22 yrs	\$36.00
Limited Income	\$1080.00
Associate Member**	\$500.00

*****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 tuition- 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. Please choose the best option for you.

<p>Check Enclosed:</p> <p>1) <input type="checkbox"/> Pay in Full (Total amount) \$ _____ OR</p> <p>2) <input type="checkbox"/> Initial Payment \$ _____ Bill me for balance \$ _____ <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Quarterly \$ _____</p>
<p>Electronic Funds Transfer (Please attach a blank, voided check):</p> <p>1) <input type="checkbox"/> Pay in Full (Total amount) \$ _____ OR</p> <p>2) <input type="checkbox"/> Initial Payment \$ _____ Bill me for balance \$ _____ <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Quarterly \$ _____</p>
<p>Credit Card:</p> <p>1) <input type="checkbox"/> Pay in Full (Total amount) \$ _____ OR</p> <p>2) <input type="checkbox"/> Initial Payment \$ _____ Bill me for balance \$ _____ <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Quarterly \$ _____</p> <p>Please note: Mosaic Law Congregation pays a credit card processing fee of 3%. Your donations to cover this fee are appreciated.</p> <p><input type="checkbox"/> Processing Fee Donation \$ _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Credit Card # _____</p> <p>Expiration Date _____ 3 or 4-digit Security Code _____ Billing Zip Code _____</p> <p>Your signature reflects your personal commitment as well as your authorization for credit card or electronic funds transfers (if applicable)</p> <p>_____ Signature and Date</p>

First Applicant

Second Applicant

Name (please print)

Name (please print)

Signature

Date

Signature

Date