



2026 Membership Application

Membership Start Date: / /

BASIC INFORMATION

ADULT #1

Name: _____ Birth Date: ____ / ____ / ____

Pronouns: He/Him/His She/Her/Hers They/Them/Their Other _____

Marital Status: Single Married/Domestic Partnership Widowed Divorced Separated

Jewish (see note below): Yes No In conversion process Hebrew Name: _____

Read/Write Hebrew: Yes No Read Torah/ Haftarah: Yes No

Mobile Phone #: (_____) _____ Email: _____

Occupation: _____ Business Name: _____

ADULT #2

Name: _____ Birth Date: ____ / ____ / ____

Pronouns: He/Him/His She/Her/Hers They/Them/Their Other _____

Marital Status: Single Married/Domestic Partnership Widowed Divorced Separated

Jewish (see note below): Yes No In conversion process Hebrew Name: _____

Read/Write Hebrew: Yes No Read Torah/ Haftarah: Yes No

Mobile Phone #: (_____) _____ Email: _____

Occupation: _____ Business Name: _____

ANNIVERSARY

Date: ____ / ____ / ____

Note: We welcome non-Jewish partners and encourage them to participate in the life of our community. If you have questions or concerns in this area, feel free to contact the Rabbi at extension 226. For those in conversion process, we also offer a **provisional membership**.



CHILDREN

	Name	Pronoun	Hebrew Name	Date of Birth	Grade	School
1						
2						
3						
4						

CONTACT INFORMATION

Name on mailing label: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Contact — Please select one: Adult #1 Adult #2

FINDING WEST END SYNAGOGUE

How did you hear about West End Synagogue? _____

If introduced by a member, please inform member's name: _____

Why did you choose West End Synagogue? _____

PRIVACY

COMMUNITY LIST

Names, address, phone numbers and children's names/ages will be included in our community list (visible to members only). If you'd like to change your privacy options, please send an e-mail to admin@westendsynagogue.org.

CONSENT FOR IMAGE USE

The undersigned hereby give permission for pictures/video recordings/identification of any family members to be used in advertisements, websites, news coverage or publicity.



YAHRZEIT INFORMATION

If you would like to be reminded of the anniversary of the death of a loved one.

Name	Related to?	Relationship	Date of Death	Died before or after sundown?*

* Note: The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.

HOW MIGHT YOU LIKE TO GET INVOLVED WITH WEST END SYNAGOGUE

Please indicate in the checkboxes below which adult/s is/are interested in each selection. Select all that apply. The chairperson of each selected initiative will be informed of your interest.

<input type="checkbox"/> <input checked="" type="checkbox"/> Adult Education	<input type="checkbox"/> <input checked="" type="checkbox"/> Fundraising	<input type="checkbox"/> <input checked="" type="checkbox"/> Ritual (service leading, leyning...)
<input type="checkbox"/> <input checked="" type="checkbox"/> Bikur Cholim (helping members in time of illness)	<input type="checkbox"/> <input checked="" type="checkbox"/> Israel Connections	<input type="checkbox"/> <input checked="" type="checkbox"/> Social Action
	<input type="checkbox"/> <input checked="" type="checkbox"/> JFLL (Jewish Family Life & Learning)	<input type="checkbox"/> <input checked="" type="checkbox"/> Torah Study
<input type="checkbox"/> <input checked="" type="checkbox"/> Book Club	<input type="checkbox"/> <input checked="" type="checkbox"/> Membership	<input type="checkbox"/> <input checked="" type="checkbox"/> Wise Aging Initiative
<input type="checkbox"/> <input checked="" type="checkbox"/> Communications/Publicity	<input type="checkbox"/> <input checked="" type="checkbox"/> Music	
<input type="checkbox"/> <input checked="" type="checkbox"/> Family Programming	<input type="checkbox"/> <input checked="" type="checkbox"/> Retreat	

Other interests in getting involved: _____

SPECIAL SKILLS & INTERESTS

Sing/Play a musical instrument: Yes No

Other relevant skills, abilities or interests: _____



FINANCIAL OBLIGATIONS OF MEMBERS

All members commit to the following financial obligations:

1. Fair Share Dues

Fair Share affirms our community's values of accessibility to WES membership, social justice and individual responsibility to the community.

As part of our obligation to create a *kehillah kedoshah* – a holy community – we each assume responsibility for meeting the costs of maintaining and operating our synagogue. Our Fair Share Dues system allocates a portion of that financial responsibility among our community's members based on their household income. Most of the remaining funds needed are supplied through voluntary contributions.

For the assessment of your Fair Share dues, you are not asked to disclose details concerning your income, nor are any financial documents required. Rather, we ask only that each member of the community report and accept the dues justly applicable to them by pledging their Fair Share dues level as honestly and as accurately as possible. All financial information is treated confidentially.

On the next pages you will find a '**New Member Pledge Form**' for your membership dues. Unless communicated otherwise, a member's pledge will be automatically renewed every year.

Membership includes High Holy Days tickets for adult members and their children under age 22.

All members in good standing will receive their High Holy Days tickets. All financial obligations to the synagogue must be paid in full at the latest by the time High Holy Days tickets are mailed.

Note: The synagogue's membership year (fiscal year) is Jan 1 to Dec 31.

2. Building Fund

Members are expected to contribute at least \$200 per year, starting in the third year of membership until a total of \$1,000 has been paid to the building fund.

West End Synagogue believes that an inability to pay should never be a barrier to membership or education. Special consideration will be given to circumstances that prevent you from meeting any part of your financial commitment. If accommodations are needed, please contact the synagogue administrator (admin@westendsynagogue.org / 212-579-0777, ext. 220) or treasurer (treasurer@westendsynagogue.org) to discuss in confidence dues assessment or payment arrangement.

REMOTE MEMBERSHIP POLICY

West End Synagogue has also enacted its membership policy for individuals and families who access our programming **digitally only**. Please note that this is not for existing members or prospective members who are within the New York City area who can access our services and programs both in person and digitally.

"Remote Members" is a category that encompasses our former "Out of Town" membership designation and combines these members with newer members who have gotten to know West End Synagogue through Zoom. Aside from Shabbat and Holiday services, we provide access to most of our various events and seminars and allow our Remote Members to serve on committees, as well as in a Governance role (as a Board Member) should they so desire and be nominated.

For Remote Members we suggest as an annual fee a donation in the range of **\$1,018–\$1,280**, typically charged in monthly installments on a credit card.



NEW MEMBER SPECIAL DUES (not applicable to Remote Members)

FIRST YEAR (until Dec 31, 2026)	SECOND YEAR (2027)	THIRD YEAR ONWARDS (2028+)
<p>Welcome, new member! For 2026, you only pay:</p> <ul style="list-style-type: none">• \$750 if you join between Jan 1–Jun 30• \$500 if you join between Jul 1–High Holy Days• FREE (donation expected) if you join between High Holy Days–Dec 31	<p>In 2027, you pay only 50% of your fair share dues, according to the categories in the table below (but <u>not less</u> than categories S2/F2).</p>	<p>In 2028 onwards you pay 100% of your fair share dues, according to the categories in the table below.</p>

Membership includes High Holy Days tickets for adult members and their children under age 22.

First year membership dues go **through December 31, 2026**.

FAIR SHARE DUES SCHEDULE (January 1, 2026 – December 31, 2026)

Please identify your dues category in one of the tables below, for your pledge form.

INDIVIDUAL		
Annual Income	Category	Annual Dues
Under \$30,000	<input type="checkbox"/> S2	\$620
\$30,000 - 39,999	<input type="checkbox"/> S3	\$880
\$40,000 - 49,999	<input type="checkbox"/> S4	\$1,148
\$50,000 - 59,999	<input type="checkbox"/> S5	\$1,496
\$60,000 - 69,999	<input type="checkbox"/> S6	\$1,664
\$70,000 - 79,999	<input type="checkbox"/> S7	\$1,996
\$80,000 - 89,999	<input type="checkbox"/> S8	\$2,336
\$90,000 - 99,999	<input type="checkbox"/> S9	\$2,464
\$100,000 - 124,999	<input type="checkbox"/> S10	\$2,862
\$125,000 - 149,999	<input type="checkbox"/> S12	\$3,392
\$150,000 -	<input type="checkbox"/> S14	\$4,108
\$175,000 -	<input type="checkbox"/> S16	\$4,370
\$200,000 -	<input type="checkbox"/> S20	\$4,718
\$250,000 -	<input type="checkbox"/> S24	\$5,180
\$350,000 -	<input type="checkbox"/> S25	\$5,440
Over \$500,000	<input type="checkbox"/> S26	\$5,760
Students	<input type="checkbox"/> S11	\$518
Remote Membership	<input type="checkbox"/> S13	\$1,018–\$1,280 in 12 monthly installments

FAMILY		
Annual Income	Category	Annual Dues
Under \$30,000	<input type="checkbox"/> F2	\$880
\$30,000 - 39,999	<input type="checkbox"/> F3	\$1,148
\$40,000 - 49,999	<input type="checkbox"/> F4	\$1,408
\$50,000 - 59,999	<input type="checkbox"/> F5	\$1,672
\$60,000 - 69,999	<input type="checkbox"/> F6	\$1,946
\$70,000 - 79,999	<input type="checkbox"/> F7	\$2,218
\$80,000 - 89,999	<input type="checkbox"/> F8	\$2,440
\$90,000 - 99,999	<input type="checkbox"/> F9	\$2,792
\$100,000 - 124,999	<input type="checkbox"/> F10	\$3,326
\$125,000 - 149,999	<input type="checkbox"/> F12	\$3,812
\$150,000 -	<input type="checkbox"/> F14	\$4,644
\$175,000 -	<input type="checkbox"/> F16	\$5,048
\$200,000 -	<input type="checkbox"/> F20	\$5,400
\$250,000 -	<input type="checkbox"/> F24	\$5,786
\$350,000 -	<input type="checkbox"/> F25	\$5,972
Over \$500,000	<input type="checkbox"/> F26	\$6,250
Students	<input type="checkbox"/> F11	\$750
Remote Membership	<input type="checkbox"/> F13	\$1,018–\$1,280 in 12 monthly installments



NEW MEMBER PLEDGE FORM

As a member of the West End Synagogue community, I/we am/are committing to be a part of a kehillah kedoshah, a sacred community. In acceptance of that responsibility, I/we hereby pledge my/our Fair Share Membership Dues which I/we have fully assessed.

I am/We are in the following fair share dues category (e.g. S14, F25):

- I/We pledge that my/our special dues amount for 2026 is: \$ (special first year dues, through Dec 31, 2026)
- I/We pledge that my/our special dues amount for 2027 is: \$ (50% of regular dues, min S2/F2)
- I/We pledge that my/our dues amount for 2028 onwards is: \$ (regular dues)

I/We understand that the "Fair Share Dues Schedule" for 2027 onwards may be subject to change by the board.

I/We understand that, in addition to their dues, I/we am/are expected to contribute a total of \$1,000 to the Building Fund, at the minimum rate of \$200/year, beginning in the third year of membership (2028).

I/We understand that my/our pledge will be automatically renewed every year unless I/we communicate otherwise.

I/We understand that if I/we resign my/our membership, my/our pledge won't be pro-rated.

Operating Fund:

Members are asked to contribute voluntarily an additional amount to the Operating Fund to sustain the congregation.

I/We pledge additional: \$ (typically 10% of full dues) — Please select one: one-time yearly

Payment for 2026:

New members are required to pay for their special dues when submitting their 2026 membership application. Remote members are required to provide a credit card number.

Amount paid by check or to be charged to my credit card at this time: \$ (dues + operating fund)

My/Our check is enclosed. I/We am paying by credit card (provide information below).

Payment for 2027 onwards:

Invoices will be issued in December and are due January 31 the following year. Please select one:

I/We will mail a check by January 31.

Please bill my/our credit card below every January 31.

Please bill my/our credit card below in equal monthly instalments, starting in January.

Credit Card Information:

 Visa Mastercard American Express

Credit Card number: Exp. Date: Security Code:

Name (exactly as it appears on the credit card):

Billing address:

Please maintain this credit card below on file at West End Synagogue for payment toward dues, donations, events, etc.

Signature: **Date:**

Signature: **Date:**