

MARTHA'S VINEYARD HEBREW CENTER
P O BOX 692
VINEYARD HAVEN MASSACHUSETTS 02568-0692
Telephone 508.693.0745 Fax 508.693.1350
office@mvhc.us www.mvhc.us

Membership Application 2024 – 2025

Member 1: Name _____ Today's Date _____
Permanent Mailing Address _____ Home Phone # _____
City _____ State _____ Zip Code _____ Cell Phone # _____
E-mail Address _____
Full Hebrew name _____ ben/bat _____ Birthday ____/____/____

Seasonal Physical Address _____
Seasonal Mailing Address _____ * From date: _____ to: _____
City _____ State _____ Zip Code _____ Island Phone # _____

Member 2: Name _____
E-mail _____ Cell phone # _____
Full Hebrew name _____ bat/ben _____ Birthday ____/____/____

Children's Names (only if part of family membership and living at home, are in school or in college)

Child's name _____ Hebrew name _____ Last name (if different) _____
Birthday ____/____/____

Child's name _____ Hebrew name _____ Last name (if different) _____
Birthday ____/____/____

Child's name _____ Hebrew name _____ Last name (if different) _____
Birthday ____/____/____

Child's name _____ Hebrew name _____ Last name (if different) _____
Birthday ____/____/____

Do you want Yahrzeit names & dates listed? Yes / No

Notification will be sent to you when the names of your loved ones will be announced at services. Please include complete date: Month – Day – Year. If the passing occurred after sundown, please use the next day's date.

Reminders on ___ Hebrew Date or on ___ English Date

Name _____ Relationship: _____ Date of Death: ____/____/____

Name _____ Relationship: _____ Date of Death: ____/____/____

Name _____ Relationship: _____ Date of Death: ____/____/____

Name _____ Relationship: _____ Date of Death: ____/____/____

Religious experience / background:

Reform___ Conservative___ Orthodox ___ Reconstructionist ___ Other ___

Are you a member of another Congregation? ___Yes ___No

Name of Congregation _____

Address of Congregation_____

Occupation/Profession: Member 1: _____

Member 2: _____

Would you be interested in, or willing to participate in an MVHC committee or activity?

Areas of interest (circle all that apply): Social Action, Adult Education, Religious School, Ritual Practice, Spiritual, Membership, Fundraising & Development, Library, Caring, Kiddush/Oneg, Other:

INDIVIDUAL MEMBERSHIP **\$960**

FAMILY MEMBERSHIP ** **\$1,555**

Above dues includes \$35 annual Security fee

+ FAIR SHARE AMOUNT (Additional donation above basic membership) \$ _____

- SPECIAL CIRCUMSTANCES \$ _____

+ BUILDING FUND *** **\$500**

RELIGIOUS SCHOOL TUITION ***Optional donation***

TOTAL FEES ENCLOSED \$ _____

Payment- We accept checks, M/C, VISA, AX, and Discover. Installment payments can be arranged with the office (508-693-0745).

Please contact the office if you have a financial hardship. A payment plan can be set up to help you.

* Mail will be sent to your permanent address. If you want your mail sent to your secondary address, please indicate dates in appropriate box next to your address

** A family membership includes parent(s) and all children under the age of 26 who are not married, or who are not self-supporting, and / or are still in school

*** New members are asked to make a one time contribution of \$500 to the Building Fund. This may be paid over a five year period.