

RUTLAND  JEWISH CENTER

**Membership Information and Application**  
**July 2023-June 2024**

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Welcome to the Rutland Jewish Center. We are delighted that you are interested in joining our community. If you have any questions, please do not hesitate to call the office at 802-773-3455.

To apply for membership, please fill out and return the attached form to us at: [office@rutlandjewishcenter.org](mailto:office@rutlandjewishcenter.org)  
or mail the completed form to us at:  
Rutland Jewish Center  
96 Grove Street  
Rutland, Vermont 05701

### **WHY BECOME A MEMBER?**

The Rutland Jewish Center is an inclusive community, welcoming everyone seeking to learn and experience Jewish wisdom and traditions. We celebrate diversity as a core value. Our mission is to provide a nurturing home for Jewish discovery, celebration, prayer life, culture, and learning. Our community will be with you during good times and challenging times. Your creative and financial participation is essential. If you appreciate what Rutland Jewish Center offers, please join us.

Members enjoy:

- Services of our Rabbi for lifecycle events and pastoral care/counseling at no additional charge
- Admission to High Holy Days services at no additional charge
- Instruction of the member's children at our Jewish Discovery School (tuition/fees apply)
- Attendance at all cultural events and Adult Education programs (fees/cover charges may apply)
- Reduced rental rates to use the RJC facilities for private events
- Purchase of cemetery plots at reduced rates
- A voice and hand in guiding and shaping the destiny of the Rutland Jewish Center.

### **2023–2024 MEMBERSHIP CATEGORIES AND FEES**

*Finances will never stand in the way of membership.*

**FAMILY: \$1390.** Couples, with or without children under 21.

**HEAD of HOUSEHOLD: \$1070.** An individual with one or more children under 21.

**INDIVIDUAL: \$750.** One person who wishes to participate in the membership of the congregation.

**ASSOCIATE: \$480.** Available to any person or couple who is/are not primary residents of Vermont or who is/are not a resident of Rutland County.

# Rutland Jewish Center Membership Application

## PART I – HOUSEHOLD INFORMATION

**ADULT 1:** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you Jewish?  Yes  No: *describe your religious upbringing* \_\_\_\_\_

If Jewish:

Please tell us your denominational affiliation (if any) and extent of Jewish education:

Your bar/bat mitzvah date (or N/A) \_\_\_\_\_ bar/bat mitzvah portion \_\_\_\_\_

Are you a:  Cohen  Levi  Yisrael  Don't know

Hebrew Name if known \_\_\_\_\_ bat/ben \_\_\_\_\_  
Your Name daughter/son of parents' names

Email \_\_\_\_\_

Preferred Phone  Home  Cell  Work \_\_\_\_\_

May we share your contact information in our printed members directory?  Yes  No

May we share your contact information in our online directory (in a password-protected area)?  Yes  No

**ADULT 2:** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you Jewish?  Yes  No: *describe your religious upbringing* \_\_\_\_\_

If Jewish:

Please tell us your denominational affiliation (if any) and extent of Jewish education:

Your bar/bat mitzvah date (or N/A) \_\_\_\_\_ bar/bat mitzvah portion \_\_\_\_\_

Are you a:  Cohen  Levi  Yisrael  Don't know

Hebrew Name if known \_\_\_\_\_ bat/ben \_\_\_\_\_  
Your Name daughter/son of parents' names

Email \_\_\_\_\_

Preferred Phone  Home  Cell  Work \_\_\_\_\_

May we share your contact information in our printed members directory?  Yes  No

May we share your contact information in our online directory (in a password-protected area)?  Yes  No

**PRIMARY ADDRESS:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**ALTERNATE ADDRESS:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

When are you typically in Vermont? \_\_\_\_\_

**Preferred mailing address**  Primary  Alternate

**PLEASE SHARE WITH US:** Other faith traditions practiced in your family; faith traditions of your families of origin:

\_\_\_\_\_

*Please continue to page 2, and sign at the bottom of the page.*

# Rutland Jewish Center Membership Application

## PART II – DEPENDENT CHILDREN

(If there are additional children under 21 or still in college, please attach a separate sheet)

**CHILD 1:** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Jewish?  Yes  No  
Hebrew Name if have/known \_\_\_\_\_ bat/ben \_\_\_\_\_  
Had bar/bat mitzvah?  Yes  No If YES, date \_\_\_\_\_ bar/bat mitzvah portion \_\_\_\_\_  
Will this child be attending Jewish Discovery School at RJC?  Yes  No  Graduated  Undecided  
If **undecided**, do you want to be contacted by our Rabbi to discuss enrollment?  Yes  No

**CHILD 2:** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Jewish?  Yes  No  
Hebrew Name if have/known \_\_\_\_\_ bat/ben \_\_\_\_\_  
Had bar/bat mitzvah?  Yes  No If YES, date \_\_\_\_\_ bar/bat mitzvah portion \_\_\_\_\_  
Will this child be attending Jewish Discovery School at RJC?  Yes  No  Graduated  Undecided  
If **undecided**, do you want to be contacted by our Rabbi to discuss enrollment?  Yes  No

**CHILD 3:** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Jewish?  Yes  No  
Hebrew Name if have/known \_\_\_\_\_ bat/ben \_\_\_\_\_  
Had bar/bat mitzvah?  Yes  No If YES, date \_\_\_\_\_ bar/bat mitzvah portion \_\_\_\_\_  
Will this child be attending Jewish Discovery School at RJC?  Yes  No  Graduated  Undecided  
If **undecided**, do you want to be contacted by our Rabbi to discuss enrollment?  Yes  No

### PERMISSION TO SHARE:

May we include your child/children's name(s) in our printed members directory?  Yes  No  
May we include your child/children's name(s) in our online directory (in a password-protected area)?  Yes  No

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By submitting this membership form, I/we understand that, as a member of the Rutland Jewish Center, my/our likeness may be used for promotional purposes in print and electronic form. *The Rutland Jewish Center does not publish members' names or other private information in our promotional materials or share private information without members' permission.*

Adult 1: Signed \_\_\_\_\_ Date \_\_\_\_\_  
Typed signature accepted for electronic submission.

Adult 2: Signed \_\_\_\_\_ Date \_\_\_\_\_  
Typed signature accepted for electronic submission.