



## Membership Information and Application July 2025—June 2026

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 0570.

### WHY BECOME A MEMBER?

The Rutland Jewish Center is an inclusive community that welcomes 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 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.

### 2025-2026 MEMBERSHIP CATEGORIES AND FEES

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

**FAMILY: \$1435.** Couples with or without children under 21.

**HEAD OF HOUSEHOLD: \$1105.** An individual with one or more children under 21.

**INDIVIDUAL: \$775.** One person wished to join the Congregation as a member.

**ASSOCIATE: \$495.** Available to any person or couple who is/are not a primary resident of Vermont or who is/are not a resident of Rutland County.

**Membership Application Part 1. Household Information**

**Adult 1:** Full Name \_\_\_\_\_

Describe your religious upbringing \_\_\_\_\_

If you were raised Jewish, please indicate your denominational affiliation (if any) and the extent of your Jewish education, if any. \_\_\_\_\_  
\_\_\_\_\_.

What was the date of your bar/bat mitzvah? \_\_\_\_\_

Are you a:    \_\_\_ Cohen           \_\_\_ Levi           \_\_\_ Yisrael           \_\_\_ Don't know

Hebrew Name if known \_\_\_\_\_

Bat/Ben \_\_\_\_\_

Email: \_\_\_\_\_

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

May we share your contact information in our online member-only Membership Directory? \_\_\_ Yes \_\_\_ No

May we share your photo on our website? \_\_\_ Yes    \_\_\_ No

**Adult 2:** Full Name \_\_\_\_\_

Describe your religious upbringing \_\_\_\_\_

If you were raised Jewish, please indicate your denominational affiliation (if any) and the extent of your Jewish education, if any. \_\_\_\_\_  
\_\_\_\_\_.

What was the date of your bar/bat mitzvah? \_\_\_\_\_

Are you a:    \_\_\_ Cohen           \_\_\_ Levi           \_\_\_ Yisrael           \_\_\_ Don't know

Hebrew Name if known \_\_\_\_\_

Bat/Ben \_\_\_\_\_

Email: \_\_\_\_\_

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

May we share your contact information in our online member-only Membership Directory? \_\_\_ Yes \_\_\_ No

May we share your photo on our website? \_\_\_ Yes    \_\_\_ No

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is your preferred mailing address? \_\_\_ Primary \_\_\_ Alternate.

**Membership Application Part 2. Dependent Children**

**Child 1.** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name if known \_\_\_\_\_ bat/ben \_\_\_\_\_

Did this child have a bar/bat mitzvah yet?  Yes  No If yes what was the date \_\_\_\_\_

What was the bar/bat mitzvah torah portion? \_\_\_\_\_

Will this child be attending Jewish Discovery School at RJC?  Yes  No  Undecided

If undecided, do you want to be contacted by our Rabbi to discuss enrollment?  Yes  No

**Child 2.** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name if known \_\_\_\_\_ bat/ben \_\_\_\_\_

Did this child have a bar/bat mitzvah yet?  Yes  No If yes what was the date \_\_\_\_\_

What was the bar/bat mitzvah torah portion? \_\_\_\_\_

Will this child be attending Jewish Discovery School at RJC?  Yes  No  Undecided

If undecided, do you want to be contacted by our Rabbi to discuss enrollment?  Yes  No

**Child 3.** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name if known \_\_\_\_\_ bat/ben \_\_\_\_\_

Did this child have a bar/bat mitzvah yet?  Yes  No If yes what was the date \_\_\_\_\_

What was the bar/bat mitzvah torah portion? \_\_\_\_\_

Will this child be attending Jewish Discovery School at RJC?  Yes  No  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 in our online membership directory (password protected)?

Yes  No

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 private information in our promotional materials.

Adult 1: Signed \_\_\_\_\_ DATE \_\_\_\_\_

Electronic Signature accepted

Adult 2: Signed \_\_\_\_\_ DATE \_\_\_\_\_

Electronic Signature accepted

Please copy this form as many times as needed for dependent children

**PART 3 YAHRZEIT INFORMATION**

**ENGLISH NAME:** \_\_\_\_\_

Relationship \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date and Time of Death \_\_\_\_\_

Burial Place \_\_\_\_\_

RJC Plaque \_\_\_ Yes \_\_\_ No      Plaque and Location \_\_\_\_\_

Yahrzeit Letter(s) To \_\_\_\_\_ email \_\_\_\_\_

To \_\_\_\_\_ email \_\_\_\_\_

**ENGLISH NAME:** \_\_\_\_\_

Relationship \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date and Time of Death \_\_\_\_\_

Burial Place \_\_\_\_\_

RJC Plaque \_\_\_ Yes \_\_\_ No      Plaque and Location \_\_\_\_\_

Yahrzeit Letter(s) To \_\_\_\_\_ email \_\_\_\_\_

To \_\_\_\_\_ email \_\_\_\_\_

**ENGLISH NAME:** \_\_\_\_\_

Relationship \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date and Time of Death \_\_\_\_\_

Burial Place \_\_\_\_\_

RJC Plaque \_\_\_ Yes \_\_\_ No      Plaque and Location \_\_\_\_\_

Yahrzeit Letter(s) To \_\_\_\_\_ email \_\_\_\_\_

To \_\_\_\_\_ email \_\_\_\_\_

**ENGLISH NAME:** \_\_\_\_\_

Relationship \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date and Time of Death \_\_\_\_\_

Burial Place \_\_\_\_\_

RJC Plaque \_\_\_ Yes \_\_\_ No      Plaque and Location \_\_\_\_\_

Yahrzeit Letter(s) To \_\_\_\_\_ email \_\_\_\_\_

To \_\_\_\_\_ email \_\_\_\_\_

Please copy this form as many times as needed for yahrzeit information.