MEMBERSHIP APPLICATION 2023-2024 Fiscal Year Beginning JULY 1st

We are delighted to have you join our Mountain Family!

Full Name of M	lember(s)	Date of Birth		Preferred Pronouns	
1:		//			
2:		//			
CONTACT INF	ORMATION				
Email:	1		2:		
Cell Phone:	1		2:		
Primary Mailing	Address:				
Alternate Mailin	g Address (if seasonal, pl	ease indicate date range):			
Street Address	(if primary mailing address	s is Steamboat PO BOX)			
Preferred Metho	od of Communication	_ Email Mail			
Include in a Mei	mbership Directory Y	N			
OPTIONAL PE	RSONAL INFORMATION	ı			
Anniversary:					
Occupation (opt	tional work contact inform	ation):			
1					
2					

	child of (ben	/bat)	v'	
2	child of (ben/bat))	v'	
How do you ider	ntify religiously, spiritually, cult	urally (please check all	that apply):	
☐ Reform - Je	ewish Conservative - Je	wish Orthodox/	Traditional - Jewi	sh
☐ Renewal - J	Jewish Reconstructionist	- Jewish Secul	ar/Humanist - Je	wish
☐ Jewish Heri	itage/Culturally Jewish 🛭 Isr	aeli 🛘 Just Jewish	☐ Interfaith Je	ewish
☐ Atheist/Agn	ostic Another faith/backgr	round. If so, which? _		
ADDITIONAL F	FAMILY INFORMATION			
CHILDREN INC	CLUDED IN FAMILY MEMBER	SHIP (include additio	nal names on sep	parate sheet of paper - includi
desired of spou	uses of adult children and any	grandchildren you wo	uld like us to kno	w about)
Full Name/Date	e of Birth/Grade in School/pr	eferred pronouns		
1:		<i></i>	Grade:	Pronouns:
2:		<i></i>	Grade:	Pronouns:
3:		//_	Grade:	Pronouns:
		/ /	Grade:	Pronouns:
4 :		<i>-</i> /		
Please provide	Hebrew names for any minor o	children:		
Please provide		children:		
Please provide	Hebrew names for any minor o	children: 2.		
Please provide 1 3	Hebrew names for any minor o	children: 2 4		
Please provide 1 3 Would you like	Hebrew names for any minor of the second sec	children: 2 4 rs? Hebrew [
Please provide 1 3 Would you like	Hebrew names for any minor o	children: 2 4 rs? Hebrew [
Please provide 1 3 Would you like Name of Decea	Hebrew names for any minor of the to receive Yahrzeit reminde ased/ Relationship (and to wi	children: 2 4 rs? Hebrew [hom)/ Date of Death	DateGreç	orian Date (before/after sundown)
Please provide 1 3 Would you like Name of Decea	Hebrew names for any minor of the to receive Yahrzeit remindents ased/ Relationship (and to wi	children: 2 4 rs? Hebrew [hom)/ Date of Death	DateGreç	orian Date (before/after sundown)
Please provide 1 3 Would you like Name of Decea 1: 2:	Hebrew names for any minor of the to receive Yahrzeit reminde ased/ Relationship (and to wi	children: 2 4 rs? Hebrew [hom)/ Date of Death	DateGreg	orian Date (before/after sundown) (before/after sundown)
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Please provide 1 3 Would you like Name of Decea 1: 2: 3: 4:	Hebrew names for any minor of the to receive Yahrzeit reminde ased/ Relationship (and to window)	children: 2 4 rs? Hebrew [hom)/ Date of Death	DateGreg	orian Date (before/after sundown) (before/after sundown) (before/after sundown) (before/after sundown)

Membership Giving Levels Selection
☐ Family \$750 ☐ Couple \$750 ☐ Individual \$375
☐ Buddy's Run \$1,500 ☐ Heavenly Daze \$2,500 ☐ See Me \$5,000
☐ Storm Peak \$7,500 ☐ The Chutes \$10,000 ☐ Why Not \$15,000 and above
Additional Contributions:
General Fund: \$ Bert Halberstadt & Susan Handloff Educational Fund \$
Rabbi Discretionary Fund \$
The Jewish Congregation of Steamboat Springs 'Har Mishpacha' is a 501(c)(3) Colorado non-profit corporation. Contributions are tax deductible to the extent provided by law.
May we recognize your contribution in our newsletter and website? \square Y \square N
Payment Information If paying by check: Please submit completed hard copy of this form with payment to: HAR MISHPACHA PO Box 776108 Steamboat Springs, CO 80477-6108 Online payment preferred via credit card or ACH debit from your checking account. Available * at www.harmishpacha.org
* a 3% service fee will be charged for online credit card payments but not for ACH debit.
Please note: No person or family will be denied membership, High Holiday admission, or participation in Har Mishpacha programs due to financial hardship. Please contact Rabbi Kolby rabbikolby@harmishpacha.org (or a Har Mishpacha board member with whom you feel comfortable) if you would like to set up a payment plan, need financial assistance, or have questions about membership giving. All contacts will be confidential.
I/We hereby apply for membership in Har Mishpacha and agree to pay and be responsible for annual dues, school tuition (if applicable), and other charges as may from time to time be established or changed by the Board of Directors and/or the congregation. Membership is continuous unless written notification of resignation is received.
Signature:
Date:

Har Mishpacha means "Mountain Family"

We are committed to a policy of nondiscrimination in our membership and participation so as to involve all individuals and families, regardless of background, financial means, gender, marital status, race, or age, in participating in our congregation. We remain understanding of the needs of those with both traditional and nontraditional Jewish backgrounds. We look forward to welcoming and involving residents of our community as well as guests interested in our congregation.