



## **Pre-K or Younger Connections Membership – (1 Adult Household)**

The Membership Commitment at Westchester Reform Temple is typically made up of three components:

- Annual Membership Commitment
- Annual Security Fee
- Campus Renewal Fund (formerly known as the Building Fund) contribution payable over six years

If your eldest child is in preschool or younger in September 2022, to join WRT:

- There is **no annual Membership Commitment**
- There is a required **payment of the annual Security Fee** (\$200 per family)
- There is a required **payment of the Campus Renewal Fund**, which supports our ongoing facility's needs (\$3,750 payable over six years -- \$625/year)

Please note, there is a **SIGNIFICANT** Campus Renewal Fund savings for families who take advantage of the Connections Membership and join WRT while their eldest child is in preschool or younger. If a family defers Membership until their eldest child is in Kindergarten, the Campus Renewal Fund rate goes up to \$5,000 payable over six years (\$833.33/year). If a family defers Membership until their eldest child is in Third Grade, the Campus Renewal Fund rate goes up to \$7,500 payable over six years (\$1,250/year).

**For those families whose eldest child will be entering Kindergarten in September 2023, you must act by December 31, 2022 in order to be eligible for the significantly discounted rate of \$5,000 for the Campus Renewal Fund - Membership forms and the first Campus Renewal Fund payment must be received by December 31, 2022.**

**Only send back the Connections Membership Form, if you have already sent in a Campus Renewal Fund Form and/or New Membership Form. New Members are required to fill-out and return all forms.**



255 Mamaroneck Rd., Scarsdale, NY 10583  
914-723-7727 Fax: 914-723-5946 www.wrtemple.org

# Annual Membership

July 1, 2022—June 30, 2023

(Fiscal Year 2023)

## 1-Adult Connections Membership

**“And they shall make Me a sanctuary and I will dwell in their midst...” (Exodus 24:8)**

Stay tuned for a Fall invitation to participate in Inspired Giving, the Annual Fund of Westchester Reform Temple. We hope we can count on you to join the growing number of WRT members who are helping to build and support our future through philanthropy. Please contact our Director of Institutional Advancement, Hila Reichman, at hila.reichman@wrtemple.org, if you'd like to know more about Inspired Giving and how you can get involved.

(Optional) You can complete your membership and make your payment online at [www.wrtemple.org/join/](http://www.wrtemple.org/join/).

**Are you Renewing your Membership, or a New Member?**  Renewing Membership  New Membership

(please print clearly)

Full Name (Adult One): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (ZIP code)

Home Phone#: \_\_\_\_\_ Adult Cell#: \_\_\_\_\_

Grade level of my eldest child for 2022-2023 School Year is:  Pre-K or Younger or  Kindergarten to 2nd Grade

Please note if your eldest child is in 3rd Grade or higher, you will need to submit a standard Membership Form.

### Total Amount Pledged for 2022-2023:

Membership (1 Adult): \$ 0.  
Security Fee (1 Adult): \$ 200.  
subtotal: \$ 200.  
ARZA (optional): \$ \_\_\_\_\_  
WRJ (optional): \$ \_\_\_\_\_  
MRJ (optional): \$ \_\_\_\_\_  
TOTAL AMOUNT \*: \$ \_\_\_\_\_

\*Tax Deductible subject to advice from you Tax Advisor

**OPTIONAL:** (please check opted-in box)

ARZA (Association of Reform Zionists of America)  
\$50. Supporting the Reform Movement in Israel.

WRJ (Women of Reform Judaism)  
 \$54. (member)  \$118. (sponsor)  \$180. (patron)

MRJ (Men of Reform Judaism)  
 \$36. (new member)  \$72. (returning member)  
 \$100. (contributing member)

**PAYMENT OPTIONS:**  FULL PAYMENT or  PARTIAL (50% minimum) **Amount enclosed:** \_\_\_\_\_

OPTIONAL: Credit card, ACH, and Securities payments may be made online at [www.wrtemple.org](http://www.wrtemple.org), but **please return this form for our records** to: Westchester Reform Temple, Attn: Accounting Office, 255 Mamaroneck Road, Scarsdale, NY 10583.

I will pay by transfer of securities. Please send me the current Securities Form by  Mail or  Email

I will pay by Donor Advised Funds. Name of Fund: \_\_\_\_\_

**I agree to pay in full by December 31, 2022:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please note:**

- **WRT Membership is renewable on a yearly basis.** We are pleased to send High Holidays Entrance Cards to all members who have renewed their Membership Commitment and have brought their account into good standing.
- **If you have any questions with regard to Financial Assistance,** please contact Eli Kornreich, Executive Director, at [Eli.Kornreich@wrtemple.org](mailto:Eli.Kornreich@wrtemple.org) or 914-723-7727, ext. 8105.
- **Photo Release:** From time to time, WRT may use photographs or video of participants, with or without a name, for such purposes as publicity, illustration, advertising, and online content. You may withhold your permission for such use by contacting Hillary Fontana at 914-468-0523 or [Hillary.Fontana@wrtemple.org](mailto:Hillary.Fontana@wrtemple.org).

**Campus Renewal Fund (CRF)  
 for Connections Membership  
 July 1, 2022—June 30, 2023  
 (1 Adult or more Household)**

Name: \_\_\_\_\_  
*Adult Member First and Last Name*

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

All new members of Westchester Reform Temple (“WRT”) are asked to make a Campus Renewal Fund contribution to help support the ongoing needs of our facilities. The current Standard rate for the Campus Renewal Fund is \$3,750, payable over six years, at \$625 per year. **As part of our Connections Membership program, you are eligible for a reduced rate for your WRT Campus Renewal Fund contribution.**

For families whose eldest child is enrolled in WRT’s Early Childhood Center (ECC) program in the fall, the Campus Renewal Fund contribution may be deferred until the Membership year in which your eldest child enters Kindergarten. However, there is a significant savings for such families who take on the Campus Renewal Fund obligation before your eldest child enters Kindergarten.

NOTE: New WRT Members who have paid a Building Fund to another Temple are entitled to a reduction in their Campus Renewal Fund obligation to WRT.

<b>To renew and maintain our Temple facility, we hereby promise and agree to pay a CAMPUS RENEWAL FUND to WESTCHESTER REFORM TEMPLE for the sum of (check one option):</b>	
<b>Grade level of <u>eldest</u> child</b> (2022 - 2023 School Year)	<b>One-Time Commitment</b> (Payable over 6 years)
<input type="checkbox"/> Pre-K or Younger	\$ 1,875 (\$312.50 / year)
<input type="checkbox"/> Kindergarten to 2nd Grade	\$ 2,500 (\$416.67 / year)
<input type="checkbox"/> 3rd Grade or Higher	\$ 3,750 (\$625.00 / year)
<input type="checkbox"/> <b>My eldest child attends the ECC and I choose to defer my CRF until a later date, understanding that I will not receive the discounted rate if I defer payment until the year my eldest child enters Kindergarten</b>	
<b>TOTAL CRF FOR THE FISCAL YEAR 2022—2023</b>	\$ _____

_____ <i>Member Signature:</i>	_____ Date
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For any questions or to discuss financial assistance or a Building Fund previously paid to another Temple, please contact Eli Kornreich (WRT Executive Director) at Eli.Kornreich@wrtemple.org or 914-723-7727, ext. 8105

Account ID# (Office use only): \_\_\_\_\_

Family Name (Account Name) \_\_\_\_\_

**ADULT MEMBER 1**
 Dr.  Mr.  Mrs.  Ms.  (other) \_\_\_\_\_

 Married  Single  Divorced/Separated  Domestic Partnership

Marriage Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname (Optional—preferred name) \_\_\_\_\_

Maiden Name \_\_\_\_\_

(Primary Residence) Address \_\_\_\_\_

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

(Secondary Residence) Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

Fax Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Business Name / Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

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

Business Phone # \_\_\_\_\_

Business Email \_\_\_\_\_

**ADULT MEMBER 2**
 Dr.  Mr.  Mrs.  Ms.  (other) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname (Optional—preferred name) \_\_\_\_\_

Maiden Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Business Name / Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

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

Business Phone # \_\_\_\_\_

Business Email \_\_\_\_\_

**CHILDREN**

<b>1.</b> _____ Full Name _____ Hebrew Name (if known) ____/____/____ Birthdate _____ Gender	<b>2.</b> _____ Full Name _____ Hebrew Name (if known) ____/____/____ Birthdate _____ Gender	<b>3.</b> _____ Full Name _____ Hebrew Name (if known) ____/____/____ Birthdate _____ Gender	<b>4.</b> _____ Full Name _____ Hebrew Name (if known) ____/____/____ Birthdate _____ Gender
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**IF DIVORCED OF SEPARATED, CHILD(REN)'S OTHER PARENT:**

Parent Full Name: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**RELATIVES WHO ARE OR HAVE BEEN MEMBERS OF WESTCHESTER REFORM TEMPLE:**

Full Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship \_\_\_\_\_

**FAMILY EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ADULT MEMBER 1**

RELIGIOUS TRADITION / BACKGROUND:  Reform  Conservative  Orthodox

Jewish by Choice: Conversion Date \_\_\_\_\_  Non-Denominational  Other Religion: \_\_\_\_\_

Hebrew Name (if known): \_\_\_\_\_

JEWISH EDUCATION: Bar/Bat Mitzvah:  Yes  No Confirmation:  Yes  No Read Hebrew?:  Yes  No

YAHREZEIT REMINDERS : Please remind me of these dates by:  English Calendar  Hebrew Calendar

	Full Name	Relationship	Date of Death
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**ADULT MEMBER 2**

RELIGIOUS TRADITION / BACKGROUND:  Reform  Conservative  Orthodox

Jewish by Choice: Conversion Date \_\_\_\_\_  Non-Denominational  Other Religion: \_\_\_\_\_

Hebrew Name (if known): \_\_\_\_\_

JEWISH EDUCATION: Bar/Bat Mitzvah:  Yes  No Confirmation:  Yes  No Read Hebrew?:  Yes  No

YAHREZEIT REMINDERS : Please remind me of these dates by:  English Calendar  Hebrew Calendar

	Full Name	Relationship	Date of Death
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Are there accommodation needs for a family member?: \_\_\_\_\_

List skills or interests you would like to share with WRT: \_\_\_\_\_

Previous Congregational Affiliation (within the last 5 years): \_\_\_\_\_

Comments:

To the Board of Trustees of Westchester Reform Temple: I hereby apply for membership in Westchester Reform Temple and agree to abide by its by-laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_