Ohr HaTorah
MOVING TRADITION FORWARD
11827 Venice Boulevard, Mar Vista, CA 90066
Tel: 310-915-5200 Fax: 310-915-5792
Web: OhrHaTorah.org Email:office@ohrhatorah.org

Special Membership Request Form

Ohr HaTorah is pleased to consider your special membership request. The information submitted is solely for the review and use of the Membership Committee and, as such, will be held in the strictest confidence. Please be certain to provide all requested information so that the Committee may fully and fairly evaluate your request. Due to the numerous requests that we receive, only those who submit a complete application will be considered.

The synagogue has a bottom line - we have to pay our expenses, rent, salaries, and so forth. We expect our congregants to give as generously as possible. We expect that your request for a reduced minimum Tzedakah Commitment is not based on the fact that synagogue membership is a low priority for you, nor that you do not attend services often. We also understand that your request is based on true financial limitations.

- ✡ **Only those who have fulfilled all prior financial obligations to Ohr HaTorah will be eligible for special membership consideration.**
- ✡ **The Building Fund Commitment, Scrip Deposit and Religious School fees are separate, and are not included in the special membership request.**
- ✡ **Each request is treated as an annual, one-time only request. Circumstances change. Should you require consideration next year, a new application will be required.**
- ✡ **Please fill out the Membership Application in its entirety, but leave the section concerning "Minimum Tzedakah Commitment" blank.**
- ✡ **Attach this form to your completed Membership Application and send it to the Ohr HaTorah office. We will forward your Membership Application along with this form to the Membership Committee for consideration.**
- ✡ **If your request for reduced membership is approved, you will be required to provide a valid credit card and advance written authorization to charge your account for any membership payments.**

Application

Name & Phone Number

_____

Spouse or Significant Other

_____

If you have children, please list their names and dates of birth.

Name of Child	Date of Birth

Employment and Income

In order to process all applications fairly, we have to ask questions that give us a reasonably clear picture of each applicant's financial situation. These questions help us understand your financial situation.

First, we require employment information.

Applicant #1

❑ Full-time ❑ Part-time Employer_____

Number of hours worked per week

2010 Gross Annual Income $

Projected 2011 Gross Annual Income $

Applicant #2

❑ Full-time ❑ Part-time Employer_____

Number of hours worked per week

2010 Gross Annual Income $

Projected 2011 Gross Annual Income $

Some applicants do not have regular salary or wage positions. If this applies to you, tell us how you make a living.

_____

_____

Some applicants who do not work or have regular income, have income from other sources, or depend on savings. Others have irregular work; one year they make a lot, the next year very little. Tell us about your resources and other non-employment sources of income. List your assets and what is available to you on a yearly basis and explain how you are budgeting these resources. Include the following: rental income, investment income, dividends, pensions, social security, disability, alimony, awards from a legal judgment, trust funds, savings, gifts and bequests.

Use a separate sheet to detail this information. Okay, you are about half way done!

Expenses - Please fill out

Ohr HaTorah will not review your application for consideration if you do not provide detailed monthly expenses. This is a request made of all applicants in order to be able to serve and meet the needs of our community fairly. We would like to know a bit about your expenses. Some applicants earn less money than others, but their expenses are very low. Others earn the same, but they are, for example, supporting an elderly parent in a nursing facility. Tell us about your expenses.

First, your ordinary monthly expenses (other than housing, auto, schooling):

	$		$
	$		$
	$		$
	$		$
	$		$

Expenses (cont.)

Do you: ❑ Own a home ❑ Rent What is your monthly rent or mortgage? $

Other significant debts:

Auto: Year _____ Make _____ What is your monthly payment? $

Do you or your children attend public or private school? _____

If private, please state tuition paid for each child: **1)** $ **2)** $ **3)** $

Estimated Total Monthly Expenses $

Reason for Request

So that we understand your situation clearly, please set forth in detail the reasons for your request for special membership consideration on a separate sheet. Please use the sheet that you listed other sources of income.

Prior History

Circumstances change. If you have received special membership consideration in the past, please indicate the amount of your Tzedakah Commitment in previous years:

Did you fulfill your pledge?

2010 _____ 2009 _____ 2008 _____ 2007 _____ 2006 _____ ❑ Yes ❑ No

In Conclusion

What is the maximum amount you can afford to pay each **month** for your Ohr HaTorah membership? $

Signature of Applicant #1 _____ Date: _____

Signature of Applicant #2 _____ Date: _____

For Committee Use Only:

Recommendations _____

_____