

Membership Application 2019 - 2020

Northshore Jewish Congregation

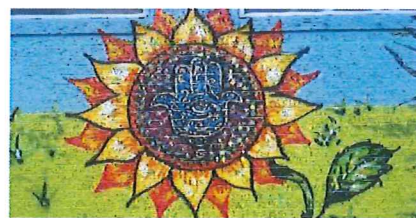
1403 N. Causeway Blvd. Mandeville, LA 70471

Phone: (985) 951-7976 Fax: (985) 951-7957

Email: njc1403@gmail.com

Office Hours: Monday - Friday 9a - 1p or appointment

Website: www.northshorejewish.org



NORTHSHORE JEWISH CONGREGATION

1403 N. Causeway Blvd. Mandeville, LA 70471

(985) 951-7976 njc1403@gmail.com

Application date _____

Welcome to the Northshore Jewish Congregation. We are delighted that you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that NJC offers. Please call upon our board, clergy, staff, and lay leaders whenever we can assist you in becoming part of our NJC family.

All information in this application will be treated confidentially. Please contact our office by calling (985) 951-7976 or emailing njc1403@gmail.com if you have any questions or need assistance in filling out this application. *To stay up to date with NJC, see:* our website www.northshorejewish.org and follow us on Facebook or Instagram.

Personal Information		
	Adult Applicant 1	Adult Applicant 2
Preferred Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____
Full Name		
What 1 st name do you prefer (if different from above)?		
Personal Status	<input type="checkbox"/> Married/Committed Relationship <input type="checkbox"/> Single <input type="checkbox"/> Other _____ <input type="checkbox"/> Widowed	<input type="checkbox"/> Married/Committed Relationship <input type="checkbox"/> Single <input type="checkbox"/> Other _____ <input type="checkbox"/> Widowed
Hebrew Name (if known)		
Date of Birth		
If you have relocated, former city & state of residence		
Special Considerations or Accommodations required	<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Auditory Impairment <input type="checkbox"/> Physical Challenge <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Auditory Impairment <input type="checkbox"/> Physical Challenge <input type="checkbox"/> Other _____
Participation in other Community Organizations? Please list.		
How did you learn about NJC?		
What is your reason for joining NJC?		

Employment Information		
	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialization		
Employer		
Address		
City, State, Zip		
Business Phone		
Business Email		
Religious Background		
Religious background in which you were raised.	Adult Applicant 1 <input type="checkbox"/> Reform <input type="checkbox"/> Jewish Unaffiliated <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____	Adult Applicant 2 <input type="checkbox"/> Reform <input type="checkbox"/> Jewish Unaffiliated <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____
If you became Jewish as an adult Date, Congregation, City of Conversion		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Confirmation (if applicable) Date, Congregation, City		
Most recently/currently affiliated congregation		
Please list any relatives who are currently NJC members		
Have you ever been a member of another congregation? Is so, when?		
Yahrzeit Information		
Please attach a separate sheet for additional names. <input type="checkbox"/> Request information on memorial plaque.		
Name(s)	Relationship	Date of death (before/after sundown)
Emergency Contact Information		

Name(s): _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone (indicate cell, home, or business): _____

Email Address(es): _____

Relationship to Member: _____

Children's Information			
	Child 1	Child 2	Child 3
First & Middle Names			
Last Name (if different)			
Hebrew Name (if known)			
Birthdate (& current grade, if applicable)			
Address (if not living with you)			
Special Considerations or Accommodations Required			
Marital status (if applicable)	<input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is this child being raised Jewish?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child attend NJC Religious School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah (if applicable): Date, Congregation, City			
Confirmation (if applicable): Date, Congregation, City			
Previously attended religious school(s) (if applicable): Date, Congregation, City			

If you have more than 3 children, please attach another page.

HOW YOU WOULD LIKE YOUR NAME TO APPEAR ON TEMPLE MAILINGS?

Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Information (Please indicate the preferred phone # and if cell phone, whether you prefer a call, text, or either)

(Home): _____ (Work): _____ (Cell): _____

Preferred Email Address(es): _____

Opportunities for Participation

We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that you commit to participate in congregational life, including attending the Annual Meeting or providing your proxy to another member and hosting one Oneg per year, upon signing this application.

Please indicate which of these areas interest you by checking the appropriate box(es). Your participation will help strengthen the NJC community and will make your temple experience more meaningful. You will be contacted by a Member with further information.

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Holiday Celebrations/Decorations | <input type="checkbox"/> Social Action & Mitzvah Projects |
| <input type="checkbox"/> Budget & Finance | <input type="checkbox"/> Music – Vocal or Instrumental | <input type="checkbox"/> Library |
| <input type="checkbox"/> Building Maintenance & Repair | <input type="checkbox"/> Religious School Teaching | <input type="checkbox"/> Illness/Bereavement Visitation |
| <input type="checkbox"/> Bulletin Writing/Editing | <input type="checkbox"/> Religious School Special Projects | <input type="checkbox"/> Office Work Assistance |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Hebrew School Teaching | <input type="checkbox"/> Membership/Leadership Development |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lay Leadership | | |

FEE SCHEDULE

<u>Membership Level</u>	<u>Single Member</u>	<u>Household</u>
Introductory (1 st year membership)	\$500	\$750
Regular (years following 1 st year Intro rate)	\$900	\$1,350
Associate (NJC membership in addition to another temple)	\$460	\$680

Dues may be paid by cash, check, or credit card using the “Donate” button on the NJC website – www.northshorejewish.org (via PayPal), or by ACH upon completion of the attached Authorization Agreement for Preauthorized Payments. Dues payments may be made monthly, quarterly, or annually. For further information, please call the Business Office – 985-951-7976 or email – njc1403@gmail.com.

This application will be reviewed by the Board of Trustees at the next monthly board meeting to confirm membership. Signature of this application indicates your agreement to attend the Annual Meeting or assign your proxy to another member if you are not available to attend. Membership includes a requirement to host one Oneg, annually. Membership auto renews annually. Resignation of membership must be submitted in writing to the Board.

Applicant 1: I, _____, am applying to become a member of the Northshore Jewish Congregation.

Signature: _____ **Date:** _____

Applicant 2: I, _____, am applying to become a member of the Northshore Jewish Congregation.

Signature: _____ **Date:** _____

NORTHSHORE JEWISH CONGREGATION

1403 N. Causeway Blvd., Mandeville, LA 70471

(985) 951-7976

njc1403@gmail.com

AUTHORIZATION AGREEMENT FOR AUTOMATIC PREAUTHORIZED PAYMENTS

CONGREGANT(S) NAME(S): _____

I (We) hereby authorize Northshore Jewish Congregation, hereinafter called NJC, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ___ Checking ___ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

This authority is to remain in full force and effect until NJC has received written notification from me (or either of us) of its termination in such time and to such manner as to afford NJC and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____

(please print)

DATE _____

SIGNED X _____ SIGNED X _____

*NOTE: Please attach a voided blank check.

Note: If your ACH withdrawal is denied due to insufficient funds, NJC will be charged a \$25 fee from the bank that NJC will be forced to pass along to you

NJC Payment Plans

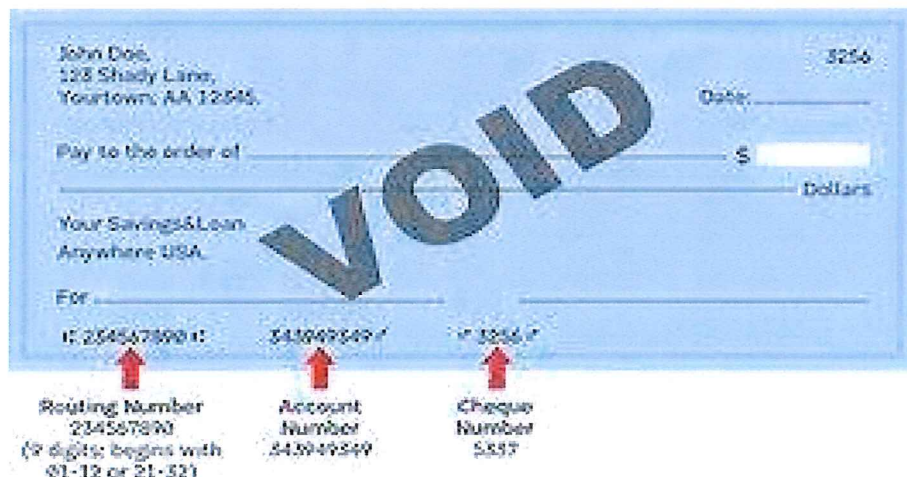
(Please choose one)

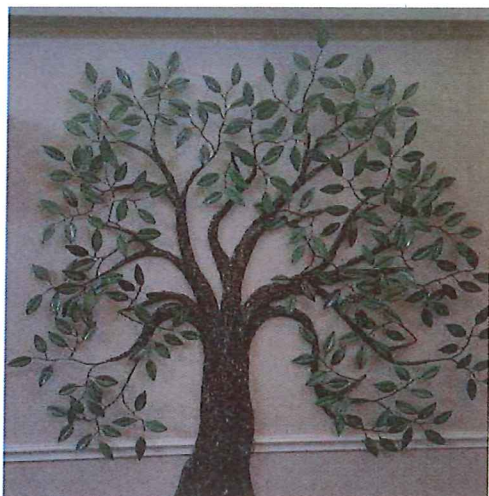
NAME: _____

☐ DEBIT ANNUALLY: \$ _____
((\$1,350/Household or \$900/Single))

☐ DEBIT MONTHLY (5th of each month): \$ _____
(Household: \$135/10 months – August – June)
(Single: \$90/10 months – August – June)

☐ DEBIT QUARTERLY: \$ _____ (August, October, February, May)
(Household: \$337.50/Quarter; Single: \$225/Quarter)





TREE OF LIFE

HONOR SIGNIFICANT EVENTS

A BAR/BAT MITZVAH
ANNIVERSARY
MILESTONE BIRTHDAY
GRATITUDE
MITZVAH

1 ENGRAVED LEAF = \$90

SUBMITTED BY _____

IN HONOR OF _____

DATE _____

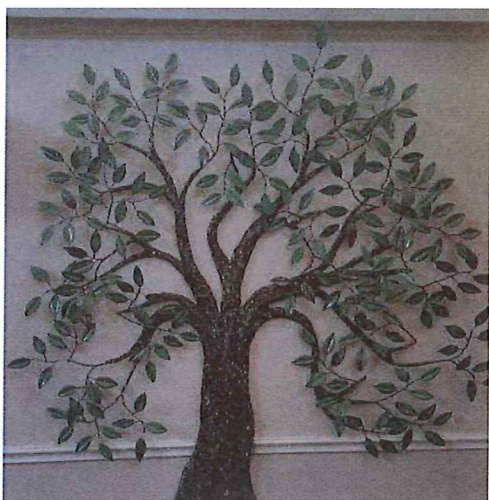
Payment may be made by cash, check, or credit card or via the “Donate” button via PayPal on the website www.northshorejewish.org.

TREE OF LIFE

HONOR SIGNIFICANT EVENTS

A BAR/BAT MITZVAH
ANNIVERSARY
MILESTONE BIRTHDAY
GRATITUDE
MITZVAH

1 ENGRAVED LEAF = \$90



SUBMITTED BY _____

IN HONOR OF _____

DATE _____

Payment may be made by cash, check, or credit card or via the “Donate” button via PayPal on the website www.northshorejewish.org.

YAHRZEIT MEMORIAL BOARD PLAQUE

1 PLAQUE = \$360



NAME _____

DATE OF DEATH (Western/Hebrew) _____

(please indicate whether before/after sundown)

SUBMITTED BY _____

RELATIONSHIP TO DECEASED _____

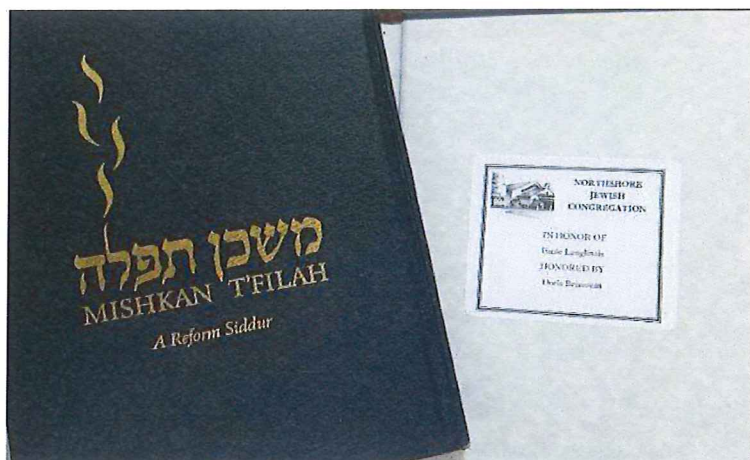
Payment may be made by cash, check, or credit card or via the "Donate" button via PayPal on the website www.northshorejewish.org.



PRAYERBOOK FUND

\$36

BOOKPLATES CAN BE
PURCHASED TO
HONOR OR REMEMBER
ANYONE OR
ANY SIGNIFICANT EVENT



SUBMITTED BY _____

IN HONOR OF _____

IN MEMORY OF _____

DATE _____

Payment may be made by cash, check, or credit card or via the "Donate" button via PayPal on the website
www.northshorejewish.org.

PRAYERBOOK FUND

\$36

BOOKPLATES CAN BE
PURCHASED TO
HONOR OR REMEMBER
ANYONE OR
ANY SIGNIFICANT EVENT



SUBMITTED BY _____

IN HONOR OF _____

DATE _____

Payment may be made by cash, check, or credit card or via the "Donate" button via PayPal on the website
www.northshorejewish.org.

Memo

Date: June 23, 2019

To: NJC Membership

From: NJC Board of Trustees, Joan Cox, and Ernie Langlinais

Re: IRA Distributions to Non-Profit Organization

For NJC members who have reached the age where they are required to take money from their IRAs, otherwise known as the required minimum distribution (RMD), age 70 ½, you can direct your investment custodian to distribute funds to a non-profit organization (NJC is qualified as a non-profit organization, pursuant to Section 501(c)(3) of the tax code). You will avoid paying tax on the distribution and you may satisfy the required amount to take out. *There is one planning issue that must be considered. You must take this out first or concurrently with the other money you withdraw, or it does not meet the Qualified Charitable Distribution – QCD guidelines.*

Example:

A person reaches age 70 ½ and they are required to take \$6,000 as their minimum distribution from their IRA. If they take the \$6,000 and then decide to make a charitable donation of a portion of the distribution, they can do so and avoid paying tax on the amount donated. However, it would not satisfy the RMD.

If the person instructs the custodian to make a distribution to NJC of \$1,350, Federation of \$250, and American Heart Association of \$400, the total of distributions is \$2,000. If the custodian then distributes the remaining \$4,000 to that person, they will have satisfied the \$6,000 minimum distribution and only pay tax on the \$4,000.

If that person makes total charitable distributions of \$6,000 to one or several designated non-profits, they can avoid paying tax on the entire required distribution amount.

How a Qualified Charitable Distribution (QCD) from an IRA Works

Normally, when you take a [distribution from a traditional IRA](#), you pay taxes on it since you did not pay taxes on the money when you put it into your IRA. But if you are age 70½ or older and make a contribution directly from [your traditional IRA to a qualified charity](#), you can donate up to \$100,000 without it being considered a taxable distribution. To avoid paying taxes on the donation, you must follow the IRS's rules for qualified charitable distributions (QCDs), also called charitable IRA rollovers. Most churches, nonprofit charities, educational organizations, nonprofit hospitals, and medical research organizations are qualified charities. The charity to whom you donate will not have to pay taxes on your donation.

Since you are already getting a tax break on your donation, you cannot double dip and also claim the donation as a deduction on [Schedule A](#). You are allowed just one tax break, not two. If you make other donation(s) to a charity/charities that do not use your IRA funds, you can still claim each of those donations as an [itemized deduction](#) on Schedule A. If you do not itemize your deductions on Schedule A and you take the standard deduction on your annual tax return instead, a charitable IRA rollover will give you a tax break that you otherwise could not receive for donating money.

QCDs and Required Minimum Distributions (RMDs)

You can also use your qualified charitable donation to meet all or part of your IRA's [required minimum distribution \(RMD\)](#) for the year. Traditional IRA owners must start taking RMDs at age 70½ or face tax penalties. The charity must receive your donation by Dec. 31 for you to apply it to that year's tax return. Roth IRAs do not require distributions while the account holder is alive.

Qualified charitable donations are also a good choice for individuals who otherwise could not deduct all or part of their charitable donations because of the IRS rule that says you cannot take a tax deduction for the amount of your donations that exceeds 60% of your [adjusted gross income \(AGI\)](#). At first glance, this rule might sound like it only affects wealthy taxpayers who give generously, but it also affects anyone who is retired and has little to no income but still wants to make a tax-deductible donation.

Source: Joan B. Cox, CFP®, CRPC®, CeFT®
Certified Financial Transitionist

Note from Ernie Langlinais, CPA

A person may take an IRA distribution at age 59½ without penalty. However, that person must still pay tax on it.