

CONGREGATION B'NAI JACOB MEMBERSHIP APPLICATION

Date _____

MEMBER #1	MEMBER #2
Please check: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____ Name (Last, First, Middle):	Please check: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____ Name (Last, First, Middle):
Please check: Jewish? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Jewish by birth <input type="checkbox"/> or Jewish by choice <input type="checkbox"/> Date of conversion if applicable: _____ Hebrew Name (if known, in English transliteration): _____ ben/bat _____ v' _____ Father Mother	Please check: Jewish? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Jewish by birth <input type="checkbox"/> or Jewish by choice <input type="checkbox"/> Date of conversion if applicable: _____ Hebrew Name (if known, in English transliteration): _____ ben/bat _____ v' _____ Father Mother
Please check: Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> Don't know <input type="checkbox"/>	Please check: Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael <input type="checkbox"/> Don't know <input type="checkbox"/>
Date of Birth:	Date of Birth:
Please check: Single <input type="checkbox"/> Married /Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>	
If married/partnered, anniversary date:	
Home Address (street, apt. #, city, state, zip code): 	
Home phone: Cell phone: Email address:	Home phone: Cell phone: Email address:
Occupation:	Occupation:

Children living at home/college students:

Name	Hebrew Name	M/F	Birthdate

Adult/independent children:

Name	Hebrew Name	M/F	Birthdate

Yahrzeit Information: Anniversary of a Loved One's Death *(Please complete if you would like Yahrzeit notification)*

Name	Hebrew Name	Relationship (and to whom)	Date of Death

GETTING TO KNOW YOU BETTER

The more you are involved in synagogue life, the more you will feel a part of the B'nai Jacob community. We encourage you to explore some of these activities. Please **check** all that interest you so that we may contact you with further information:

MEMBER #1 - Committees:

- | | | | | |
|--|--|--------------------------------------|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Education(School) | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Visitation | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Public Relations/Social Media | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Grounds |
| <input type="checkbox"/> House | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Membership | <input type="checkbox"/> Religious Life | <input type="checkbox"/> Youth Programs (USY/Kadima) |

Do you have any special interests or talents that you would like to share with the B'nai Jacob community?

MEMBER #2 - Committees:

- | | | | | |
|--|--|--------------------------------------|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Education(School) | <input type="checkbox"/> Sisterhood | <input type="checkbox"/> Visitation | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Public Relations/Social Media | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Grounds |
| <input type="checkbox"/> House | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Membership | <input type="checkbox"/> Religious Life | <input type="checkbox"/> Youth Programs (USY/Kadima) |

Do you have any special interests or talents that you would like to share with the B'nai Jacob community?

MEMBERSHIP AGREEMENT

I/We acknowledge that Congregation B'nai Jacob relies upon payment of membership dues to meet its financial obligations. I/We agree to pay all dues (and tuition fees if enrolling children in Religious School) immediately upon receipt of my dues statement either quarterly or annually (as indicated below.)

**In addition, all new members are required to contribute:
\$600 to the B'nai Jacob Capital Fund payable over a three-year period.
\$74.50 Annual assessment of United Synagogue Conservative Judaism
\$50.00 Annual Security Fee**

Please check your Membership category:

- | | |
|---|---------------------|
| <input type="checkbox"/> Family with children ages 4-21, or if over 21 and a full time student: | \$2285 (\$571.25/Q) |
| <input type="checkbox"/> Family with oldest child under age 4: | \$1915 (\$478.75/Q) |
| <input type="checkbox"/> Single parent family: | \$1295 (\$323.75/Q) |
| <input type="checkbox"/> Couples with no children under age 22: | \$1915 (\$478.75/Q) |
| <input type="checkbox"/> Couples/family both adult members under age 30:
\$154 first year, escalating at \$165 per year until age 30 or
Member dues is reached. | \$ 170 (\$42.50//Q) |
| <input type="checkbox"/> Single Members under age 30:
\$154 first year, escalating at \$165 per year until age 30 or
Member dues is reached. | \$ 170 (\$42.50/Q) |
| <input type="checkbox"/> Single members age 30 and over: | \$1140 (\$285/Q) |
| <input type="checkbox"/> Retired couples' oldest spouse age 65 or over: | \$1140 (\$285/Q) |
| <input type="checkbox"/> Retired single member age 65 or over: | \$ 790 (\$197.50/Q) |

Please check to indicate if you would like to be billed once annually (payable by check or credit card), or quarterly (payable by check or credit card): **Annually** **Quarterly**

_____ Date: _____
Signature of Member #1

_____ Date: _____
Signature of Rabbi

_____ Date: _____
Signature of Member #2

_____ Date: _____
Signature of Financial Officer