



2710 Park Avenue Bridgeport, CT 06604-1302
 Phone: 203-336-1858 • Fax: 203-367-7889
 Please contact us : welcome@cbibpt.org
 Visit our website at www.cbibpt.org

2019-2020
MEMBERSHIP FORM
 (All information is kept confidential.)

Shalom and welcome to our community.
Please tell us about yourself.

Please Print Clearly.

<u>Adult Member A</u>	<u>Adult Member B</u>
Full Name	Full Name
Home Address	Home Phone Number
Birth Date	Birth Date
Cell Phone	Cell Phone
Preferred Phone	Preferred Phone
Preferred Email	Preferred Email
Occupation	Occupation
Business Name	Business Name
Business Phone	Business Phone
Marital Status	Anniversary Date

Tell us about your family.

First Name	Last Name	Hebrew Name	Gender	Birth Date	Grade	Resides at home?

Is there any additional family information you would like to share with us?

Religious History

<u>Adult Member A—Previous Synagogue(s):</u>	<u>Adult Member B—Previous Synagogue(s):</u>
<u>Tell us about your religious journey:</u>	<u>Tell us about your religious journey:</u>
<u>Bar/Bat Mitzvah: Yes or No</u> <u>Where:</u> <u>When:</u>	<u>Bar/Bat Mitzvah: Yes or No</u> <u>Where:</u> <u>When:</u>
<u>Jewish Organizational Involvement:</u>	<u>Jewish Organizational Involvement:</u>

Yahrzeit Information

Immediate family members (spouse, parents, grandparents, children, siblings) who have died and for whom you wish Yahrzeit recited will be memorialized at Shabbat services the week prior to the anniversary. Date will be according to the secular calendar unless Hebrew calendar is requested below.

<u>Full Name/Relationship</u>	<u>Related To</u>	<u>Date of Death</u> (mm/dd/yyyy)	<u>Observed on</u> <u>Secular or</u> <u>Hebrew Date</u>
			Secular/Hebrew
			Secular/Hebrew
			Secular/Hebrew
			Secular/Hebrew
			Secular/Hebrew

We invite you to join with us to enrich our temple community.

I/we would like to connect through the following:
(please check all that apply)

- Worship
- Bonim—Early Education Center
- Religious School Education
- Adult Learning
- Community—Social Programing
- Tikkun Olam:
- Social Action
- Social Justice
- Other (please specify)

Annual Membership Commitment
July 1, 2019—June 30, 2020

Name _____

Address _____

Email _____

Phone _____

Please note:

We are pleased to send High Holy Day tickets to all members who are in good standing.

To apply for financial adjustment of dues, please contact the Temple office at welcome@cbibpt.org before returning this form.

Please count on my/our support in the following membership category

_____ in the amount of \$_____.

Please submit the Membership Form accompanied with a check (made out to B'nai Israel) or credit card form with at least 1/4 of your annual contribution and 1/24th (\$100) of your building fund pledge. If you have any questions on the Membership Form, please contact the Temple office.

The building fund obligation beginning with fiscal year 2019-2020 will be \$2,400 (\$400/year), and is payable over a six year period, or less if desired.

I/We would like to defer the building fund obligation to the start of the next fiscal year. Yes, _____ (please initial here)

I/We agree this is a binding commitment, which will be paid in full by June 30, 2020 to enable B'nai Israel to meet its on-going financial obligations.

Signature Member A _____

Signature Member B _____

For Office Use Only

Membership processed on: _____

Member ID: _____ Member Type: _____



Congregation B'nai Israel
Annual Contribution
Credit Card Authorization for 2019-2020
(Credit Card Plans must be renewed annually.)

Name as shown on the card: _____

Billing Address for the card: _____ City, ST, ZIP: _____

Phone: _____ Email: _____

Cardholder Signature: _____ Date: _____

All information is kept confidential.

Credit Card Information: VISA or MASTERCARD

Card Number: _____

Exp.: _____ Security Code: _____

(Last 3 digits on the back of the card.)

For Office Use:

10119 = _____

Entered in MM _____

Annual Contribution 2019-20: \$ _____

Building Fund Obligation: \$ _____

(If applicable)

Other Charges: \$ _____

(i.e. Bar/Bat Mitzvah Fee &
Oneg/Pulpit Fee)

Subtotal: \$ _____

Amount to Charge Now: \$ _____

(At least 25% of Annual Contribution)

New Subtotal: \$ _____

(Subtotal minus Charge Now)

Monthly Charge Amount: \$ _____

(9 mos. October—June)

Quarterly Charge Amount: \$ _____

(Remaining 3 quarters: Nov., Feb., May)

Optional Charges will be charged
in full with 1st payment.

ARZA: \$ _____

Brotherhood: \$ _____

Women of B'nai Israel: \$ _____

Total: \$ _____

___ Please remove Optional Charges from my account.

The synagogue paid over \$35,000 in credit card processing fees last year. To help defray this large expense, a 2% surcharge will be added to your bill unless you contact the office and request a change.