



**ADULT 1** First Name: \_\_\_\_\_

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

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

Home Phone\*: \_\_\_\_\_

*\* Phone numbers will be listed in Membership Directory.  
Check here if you do not want your numbers listed.*

Cell Phone\*: \_\_\_\_\_

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

I'd like to be added to the following email lists:  Life Events  Rabbi Steinhardt's Greetings  Rabbi Englander's Greetings

I'd like to be part of the Welcoming Committee

Birth Date: \_\_\_\_\_ Anniversary: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Tribe:  Cohen  Levi  Israelite

**ADULT 2** First Name: \_\_\_\_\_

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

Primary Address (if different): \_\_\_\_\_

Cell Phone\*: \_\_\_\_\_

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

I'd like to be added to the following email lists:  Life Events  Rabbi Steinhardt's Greetings  Rabbi Englander's Greetings

I'd like to be part of the New Member Welcoming Committee

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Tribe:  Cohen  Levi  Israelite

**CHILDREN (Age 26 and under)**

First Name: \_\_\_\_\_ Last Name (if different): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_  M  F

First Name: \_\_\_\_\_ Last Name (if different): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_  M  F

First Name: \_\_\_\_\_ Last Name (if different): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_  M  F

First Name: \_\_\_\_\_ Last Name (if different): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_  M  F



Name \_\_\_\_\_

**MEMBERSHIP OPTIONS 2020-21** *Please consider going "CHAI-er"*

	<u>FAMILY</u>	<u>SINGLE</u>	
Diamond Chai	\$15,000	\$7,500	\$ _____
Platinum Chai	\$12,000	\$6,000	\$ _____
Golden Chai	\$ 5,100	\$2,550	\$ _____
Silver Chai	\$ 3,000	\$1,500	\$ _____
Standard	\$ 2,000 (*Intro \$1,300)	\$ 975 (*Intro \$650)	\$ _____
Young (36-40)	\$ 1,300 (*Intro \$600)	\$ 650 (*Intro \$300)	\$ _____
35 & Under	\$ 500 (*Intro \$250)	\$ 250 (*Intro \$125)	\$ _____
ECC Family	\$ 518 (includes security fee)	N/A	\$ _____
<b>Security Fee*</b>	<b>\$ 400**</b>	<b>\$ 200**</b>	<b>\$ _____</b>
Capital Fund**	\$ 600 (per year for 6 years)	\$ 300 (per year for 6 years)	\$ _____

\*Intro - Must be NEW members to B'nai Torah.

\*\*Required for all membership levels except for ECC Family

\*\*If applicable

**SUB-TOTAL \$ \_\_\_\_\_**

**KOL NIDRE 5781**

- My/our Kol Nidre gift is enclosed ..... \$ \_\_\_\_\_
- I/We are pledging to the Kol Nidre Campaign ..... \$ \_\_\_\_\_
- Please contact me to discuss my/our gift

**SUB-TOTAL \$ \_\_\_\_\_**

**OPTIONAL DONATIONS\*** - *Many wonderful things are possible with your support. Thank you!*

- Women's League Dues \$36 \_\_\_\_\_
- Men's Club Dues \$36 \_\_\_\_\_
- Daily Minyan \$20 \_\_\_\_\_
- Finkelstein Youth Group Fund (Provides scholarships & sponsors Yad Program) \$18 \_\_\_\_\_
- Friends of JTS (Supports Jewish Theological Seminary) \$36 \_\_\_\_\_
- Hazak (USCJ Organization for Mature Jews 55+) \$12 \_\_\_\_\_
- High Holy Day Fund \$180 \_\_\_\_\_
- Israel Bonds \$36 \_\_\_\_\_
- Jacobson Family Food Pantry (Operated through Jewish Family Services) \$18 \_\_\_\_\_
- Kiddush Fund \$36 \_\_\_\_\_
- Lulav & Etrog Set (Purchase a set for your home) \$47 \_\_\_\_\_
- Masorti (Umbrella Organization of Conservative Movement in Israel) \$18 \_\_\_\_\_
- Melton Alumni Association Membership \$ \_\_\_\_\_
- Meryl & Ron Gallatin TLC Program (Tzedakah, Learning & Chessed) \$18 \_\_\_\_\_
- Sam Mandelker<sup>z1</sup> College Connection Fund (Helps defray costs of care packages for students) \$36 \_\_\_\_\_
- Virtual Programming Fund - NEW! \$ \_\_\_\_\_

**SUB-TOTAL \$ \_\_\_\_\_**

# B'nai Torah Congregation "Bond of Life"

## A Book of Remembrance & Celebration



Name \_\_\_\_\_

Please complete and return this form with your payment to the Synagogue by August 9, 2020.

The "Bond of Life" book allows our members to remember all of our life cycle events, such as deaths, births, B'nai Mitzvot, anniversaries, etc. Consider becoming a Patron of the "Bond of Life" book for \$360. Patrons are entitled to a total of 18 listings for a Remembrance and/or a special simcha, and are honored in a special Patron section of the book.

You may choose to list your loved ones individually in the Remembrance or simcha section for \$18 per listing. (\*One person or couple per listing)

- PLEASE INCLUDE MY LISTINGS AS A PATRON IN THE "BOND OF LIFE" \*\* \$360 \_\_\_\_\_
- I would like \_\_\_\_\_ listings at \$18 each in the "Bond of Life" Book \$ \_\_\_\_\_

### PLEASE PRINT LEGIBLY!

CONTRIBUTOR NAME(S) exactly as you would like it to appear in the book:

\_\_\_\_\_

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

REMEMBRANCE SECTION - to remember departed loved ones (\*One person or couple per listing)

In Memory of:

- Listing 1 \_\_\_\_\_
- Listing 2 \_\_\_\_\_
- Listing 3 \_\_\_\_\_
- Listing 4 \_\_\_\_\_
- Listing 5 \_\_\_\_\_
- Listing 6 \_\_\_\_\_

SIMCHA SECTION - to celebrate other life cycle events (\*One person or couple per listing)

- Listing 1 \_\_\_\_\_
- Listing 2 \_\_\_\_\_
- Listing 3 \_\_\_\_\_
- Listing 4 \_\_\_\_\_
- Listing 5 \_\_\_\_\_
- Listing 6 \_\_\_\_\_

SPECIAL MEMORIAL SECTION - You may add your name to special memorial pages for Holocaust Remembrance, Yitzhak Rabin<sup>z1</sup> and the late Gabbai Emeritus George Goldstein<sup>z1</sup> at a cost of \$36 per listing. In order to be included in the special memorial page(s) place an "X" below and enclose the appropriate payment:

Holocaust Remembrance Page \$36 \_\_\_\_\_

Yitzhak Rabin<sup>z1</sup> Memorial Page \$36 \_\_\_\_\_

George Goldstein<sup>z1</sup> Memorial Page \$36 \_\_\_\_\_

\*\* 18 listings maximum

PAGE TOTAL \$ \_\_\_\_\_



Name \_\_\_\_\_

## PAYMENT FORM 2020-21

### REQUEST for payment plan of 2020-21 Synagogue Financial Obligations

NOTE: July, August & September MUST be paid in full in order to participate in HHD programming.

Please read carefully! This request for payment plan 2020-21 must include your authorization to charge your credit card according to the schedule you have chosen with payments starting July 10, 2020.

- Monthly (Ten equal payments on the 10th of the month, July through April)
- Quarterly (Four equal payments on the 10th of July, October, January and April)
- Semi-Annually (Two equal payments on the 10th of July and January)
- One-time Payment in Full

*I acknowledge that this payment plan is offered as a convenience to me, and that my payments will be credited to my financial obligations at the discretion of B'nai Torah Congregation. I hereby authorize B'nai Torah Congregation to charge my credit card in order to pay my financial obligations to the Congregation for the 2020-2021 fiscal year according to the schedule I have specified as follows: Dues, Capital Fund, Security, Mirochnick Religious School tuition and Bar/Bat Mitzvah fees, Kol Nidre as applicable.*

*If my request for the payment plan is received after July 1st, I authorize my first payment in the amount that will satisfy all payments due at that time according to the schedule I have chosen. This authorization to charge my credit card will remain enforced until all the aforementioned obligations have been paid in full. Should I resign my membership after submitting this form, or registering my child(ren) in Mirochnick Religious School, I understand that I am not entitled to any refund, rebate or discount.*

*I agree that in the event that my credit card carrier or bank will not process the charges authorized above according to the schedule indicated, B'nai Torah Congregation may take the following actions: 1. Require me to submit my payment by personal or cashier's check within five (5) business days or 2. Charge my credit card for the full payment due on my account, including arrears caused by missed payments, as soon as the charge can be processed. I further agree that if my credit card cannot be charged for three (3) successive billing periods, B'nai Torah Congregation may require me to pay my account in full immediately by bank check or money order. A returned check penalty fee of \$25 will be charged to your account for any check(s) returned by your bank.*

I will pay by check (Please initial here \_\_\_\_\_ if you DO NOT want monthly statements) \$ \_\_\_\_\_

I will pay using my:  Visa  MasterCard  Discover

**\*NOTE: A one-time \$72 annual credit card processing fee will be added if paying by credit card**

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

CC Billing Address (if different) \_\_\_\_\_

Signature \_\_\_\_\_