

Congregation B'nai Israel

193 Clapboard Ridge Road
Danbury, CT 06811
(203) 792-6161
FAX: (203) 792-8315
E-mail: cbi193clap @ sbcglobal.net

Membership Application

Welcome to the B'nai Israel family! We hope you will enjoy the many activities and workshops we offer. Please complete this application and return to the above address.

Date _____
Name(s) _____
Street Address _____
City _____ State _____ Zip _____
Home Tel. # _____ E-Mail _____

Please complete the following information for the Jewish adult(s) applying for membership.

Full Name (include birth name) _____
Date of Birth ____/____/____ Place of Birth _____
Occupation _____
Business Name & Address _____

Business Telephone _____

Full Name (include birth name) _____
Date of Birth ____/____/____ Place of Birth _____
Occupation _____
Business Name & Address _____

Business Telephone _____

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Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Jewish by Birth to Jewish Mother: () Cohen () Levi () Israelite

() Bat Cohen () Bat Levi () Israelite

Jewish by Choice: ConversionDate ____/____/____ Conversion Rabbi _____

Conversion Location _____

Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Jewish by Birth to Jewish Mother: () Cohen () Levi () Israelite

() Bat Cohen () Bat Levi () Israelite

Jewish by Choice: ConversionDate ____/____/____ Conversion Rabbi _____

Conversion Location _____

Religious Background _____

Religious Education _____

I can chant Torah () Haftarah () Lead Service ()

Children who live in your household:

<u>Name</u>	<u>Hebrew Name</u>	<u>Sex</u>	<u>DOB</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Which of these children will be attending our Religious School?

_____	_____
_____	_____

Which of these children attend a Jewish Day School?

_____	_____
_____	_____

Children married, at college or living independently, or at home:

<u>Name</u>	<u>Hebrew Name</u>	<u>Sex</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Information on Yahrzeits:

<u>Name of Deceased</u>	<u>Date of Passing</u>
_____	_____
_____	_____
_____	_____
_____	_____

We have many activities and functions going on. Please check off any that interest you and we will be happy to contact you.

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Membership and Outreach | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Monthly Bulletin | <input type="checkbox"/> Woman's Group |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Ritual Committee | <input type="checkbox"/> Education Committee |
| <input type="checkbox"/> Bingo Volunteer | <input type="checkbox"/> Bikur Cholim (Caring Committee) | |
| <input type="checkbox"/> House Committee (maintenance, repairs, capital development, etc.) | | |
| <input type="checkbox"/> Other Interests not mentioned _____ | | |

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I/we agree to pay yearly dues and tuition (*if enrolling children in Religious School) in accordance with the annual schedule of rates as approved each year by the Congregation's Board of Trustees.

I/we also agree to pay \$100 per year toward the capital fund for the first five years of membership for a total of \$500 per family (singles or single parent household \$250.00).

I/we understand that annual dues may be paid in quarterly or monthly. Tuition is due and payable in full at the time of registration. All other obligations incurred throughout the year are payable upon receipt of the statement. (*See application for Religious School).

Enclosed is my/our check in the amount of \$_____ in payment of: (please check below)

- Full year's dues
- Quarterly Payment
- Monthly Payment
- Religious School Tuition (To be paid in full at time of registration)
- Separate check payable: Bnai Israel Capital Fund

Signature

Date

Signature

Date

Membership approved by **Congregation B'nai Israel** Board of Trustees

On _____/_____/_____

We are very pleased to welcome you as members of Congregation B'nai Israel. Your participation and active involvement is a most valuable asset to us as we hope it will become for you as well.

We are looking forward to many years of celebration, learning, and living together in community.

Congregation B'nai Israel

Membership Committee,

Officers, and Board of Trustees