

MEMBERSHIP / 5782



PLEASE FILL OUT COMPLETELY AND PRINT LEGIBLY.

NAME (FIRST AND LAST)		SPOUSE/HOUSEHOLD MEMBER NAME (FIRST & LAST)	
HOME ADDRESS – STREET, APARTMENT NO., CITY, STATE, ZIP			PLEASE INDICATE (FOR ALIYA PURPOSES) <input type="checkbox"/> COHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL
EMAIL ADDRESS	PHONE #1	PHONE #2	

HEBREW NAMES OF PARENTS OF ADULT APPLICANTS (if known)

APPLICANT 1 FATHER	APPLICANT 2 FATHER
APPLICANT 1 MOTHER	APPLICANT 2 MOTHER

PLEASE INDICATE PREFERRED TYPE OF MEMBERSHIP

<input type="checkbox"/> SINGLE MEMBERSHIP - \$420	<input type="checkbox"/> SUSTAINING SINGLE MEMBERSHIP* - \$640
<input type="checkbox"/> FAMILY MEMBERSHIP - \$750	<input type="checkbox"/> SUSTAINING FAMILY MEMBERSHIP* - \$1130

*Sustaining membership includes one Kiddush sponsorship, free reserved High Holy Day seats, and admission to selected special events.

PLEASE INDICATE NAMES AND BIRTHDAYS OF EVERY FAMILY MEMBER

ENGLISH NAME	HEBREW NAME	DATE OF BIRTH

YAHRTZEIT INFORMATION

NAME OF RELATIVE	RELATIONSHIP (mother, father, etc.)	YAHRTZEIT DATE

CHECKS should be made payable to CONG. B'NAI JACOB, 401 9th St., Brooklyn, NY 11215

ONLINE payment can be made (Paypal, Visa, MC) on our website at cbjparkslope.org/donations.html