Membership / 5779

back in enclosed envelope.

Congregation B'nai Jacob

401 Ninth Street Brooklyn, N.Y. 11215

718.832.1266

Email: cbjparkslope@gmail.com www.cbjparkslope.org



ne	Spouse / Household Memb	er	
ress			
		Zip	
ne Phone	Cell Phone		
rk Phone	Email address		
se indicate if you are a Cohen or a L	evi (for purpose of Aliyahs)):Cohen	L
ease indicate your preferred	type of membership.	ANG ELIMAN METAN	
Single Membership -		ng Single Membership * - \$640	
Family Membership -	\$750 Sustaini	ng Family Membership* - \$1,1	30
*Sustaining memberships include one kidd	dush sponshorship, free High Holiday	seats and free meals for Special Eve	ents.
ease indicate the name and	birthday of every family	member.	
English Name	Hebrew Name	Birthday	
	-		
ahrtzeit Information (Please t	feel free to use the back of this	form if you need more space.)	
ahrtzeit Information (Please t	feel free to use the back of this Yahrtzeit Date	form if you need more space.) Relation (Mother, Father,	etc.)
			etc.)
	Yahrtzeit Date	Relation (Mother, Father,	
Name of Relative	Yahrtzeit Date	Relation (Mother, Father,	