

# MEMBERSHIP / 5780

## CONGREGATION B'NAI JACOB

401 9<sup>th</sup> Street, Brooklyn, NY 11215

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[cbjarkslope@gmail.com](mailto:cbjarkslope@gmail.com)



### 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 High Holiday seats, and free admission for 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

Please feel free to use the reverse side of this form for additional names, if needed, or to provide any additional information that you would like us to have (e.g., alternate e-mail address, alternate phone numbers, etc.)

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

ONLINE payment can be made (Paypal, Visa, MC) on our website at [cbjarkslope.org/donations.html](http://cbjarkslope.org/donations.html)