

# CONGREGATION B'NAI JACOB

☎ 401 9<sup>th</sup> Street, Brooklyn NY 11215 | ☎ 718-832-1266 | ✉ cbjparkslope@gmail.com



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## MEMBERSHIP / 5781

PLEASE FILL OUT COMPLETELY.		
APPLICANT 1 (NAME (FIRST AND LAST))	APPLICANT 2 (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 (FOR FAMILY MEMBERSHIP ONLY)		
ENGLISH NAME	HEBREW NAME	DATE OF BIRTH

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

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 [cbjparkslope.org/donations.html](http://cbjparkslope.org/donations.html)