



Thank you for your support of and interest in Congregation B'nai Jeshurun. We look forward to your active involvement in our vibrant community. Please feel free to contact Belinda Lasky, Director of Membership (212) 787-7600 x224 or email blasky@bj.org with any questions. If you wish to pay by credit card, we strongly encourage you to complete the Membership Application online at www.bj.org.

1. MEMBERSHIP TYPE

- Individual Family BJ Friend Full-Time Student (college or other post-high school)

2. MEMBER INFORMATION

Adult Member #1:

Name: Gender: Male Female Date of Birth: Hebrew Name (transliterated): Street Address: Apt. No. City State ZIP: Home Phone: Cell Phone: Email: Father's Hebrew Name: Mother's Hebrew Name: Would you like to be added to any of our email lists? Community Family Life (ages 0-6) Family Life (ages 7-12) Social Action/Social Justice Tze'irim (20s/30s) Bekef (35+) Company Name: Industry: Position (Title): Business Address: Business Phone: Business Fax: Marital Status: Single Married Divorced Separated Widowed Living Together

Child Member #1 (for Family Memberships only):

Name: Gender: Male Female Date of Birth: Grade in September 2008: Secular School Name: Religious School Name:

Child Member #2 (for Family Memberships only):

Name: Gender: Male Female Date of Birth: Grade in September 2008: Secular School Name: Religious School Name:

Child Member #3 (for Family Memberships only):

Name: Gender: Male Female Date of Birth: Grade in September 2008: Secular School Name: Religious School Name:

Adult Member #2:

Name: Gender: Male Female Date of Birth: Hebrew Name (transliterated): Street Address: Apt. No. City State ZIP: Home Phone: Cell Phone: Email: Father's Hebrew Name: Mother's Hebrew Name: Would you like to be added to any of our email lists? Community Family Life (ages 0-6) Family Life (ages 7-12) Social Action/Social Justice Tze'irim (20s/30s) Bekef (35+) Company Name: Industry: Position (Title): Business Address: Business Phone: Business Fax: Marital Status: Single Married Divorced Separated Widowed Living Together

3. YAHRZEIT INFORMATION (optional)

If you would like to be reminded of the yahrzeit (anniversary) of the death of a loved one, please complete the section below. You will be notified according to the Jewish calendar.

Name of Deceased Relationship To You Date of Death (English calendar) Before sunset After sunset

Name of Deceased Relationship To You Date of Death (English calendar) Before sunset After sunset

Name of Deceased Relationship To You Date of Death (English calendar) Before sunset After sunset

Name of Deceased Relationship To You Date of Death (English calendar) Before sunset After sunset

PLEASE NOTE:

- If you wish to pay by credit card, we strongly encourage you to complete the Membership Application online at www.bj.org.
- If you wish to pay by check, please send this completed application and your check, payable to Congregation B'nai Jeshurun, to the address on the bottom of this form.
- We appreciate payment enclosed at the time you mail in this application.

4. MEMBERSHIP PAYMENT INFORMATION

Please fill in the amount of your dues below and sign at the end of this paragraph. Please note that we will **NOT** process your application if this section is not filled out in its entirety, as your membership dues are your commitment to your community.

■ I AM IN THE FOLLOWING DUES CATEGORY: ■ THEREFORE, MY PLEDGE IS \$

“ I/We realize that as a member of the B'nai Jeshurun community I/we am/are committing to be a part of a *kehillah kedoshah*, a sacred community. In acceptance of that responsibility, I/we hereby pledge my/our Fair Share Membership Dues which I/we have fully assessed. ”

Signature:

OPERATING ENDOWMENT FUND

It is suggested that members, if possible, contribute an additional 10% of their dues to the Operating Endowment Fund that builds for our future.

- I/We would like to pledge an additional 10% of my/our dues in the amount of \$
- I/We would like to pledge another amount to the Operating Endowment Fund in the amount of \$

Please select one: I am paying by credit card (please enter information below) My check is enclosed My check will be sent from a third party
 Mastercard Visa AmEx Credit card number: Expiration:

5. HIGH HOLY DAY ENTRANCE CARDS

Please select one:

- I will be attending High Holy Day services at BJ
- I will not be attending High Holy Day services at BJ and do not need Entrance Cards

LOCATION PREFERENCE

If attending High Holy Day services at BJ, please select one:

- 88th St.
- SPSA
- Jazz at Lincoln Center

Please note: seating is on a first come, first served basis.

High Holy Day Entrance Cards are included with membership EXCEPT as indicated below. Please indicate the Entrance Cards you require:

Type of Entrance Card	Price per Card	No. of Cards Requested	Amount Owed
<input type="checkbox"/> Adult Member (limit 1 for Individuals and 2 for Families)	included	.....	N/A
<input type="checkbox"/> Family Youth Member (for youth ages 12-18 as part of a Family Membership)	included	.....	N/A
<input type="checkbox"/> Young Adult Member (for full-time college or post-high school students)	included	.....	N/A
<input type="checkbox"/> Adult Non-Member/ BJ Friend Member	\$500	.....	.....
<input type="checkbox"/> Youth Non-Member (for youth under the age of 18 who are not Members but are accompanying a Member)	1 child \$200 2 children \$350 3 children \$450	.....	.....

TOTAL AMOUNT DUE

Membership:
 High Holy Day Entrance Card costs:
 Operating Endowment Fund contribution:
TOTAL: \$

FOR SECURITY PURPOSES, please provide the names of your guests.

FOR OFFICE USE ONLY

Date: Initials:
 Check #:
 Membership Type:



PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO THE BJ OFFICE:

2109 Broadway • Suite 203 • NY, NY 10023
 Tel: (212) 787-7600 • Fax: (212) 496-7600 • Website: www.bj.org