

Congregation Beth Abraham-Jacob

Membership Application Form

Membership July 1, 2019 – June 30, 2020

General Information

Date _____ Household/Family Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Member 1 Name _____

Member 1 Cell _____ E-Mail _____

Member 2 Name _____

Member 2 Cell _____ E-Mail _____

Current/Recent Synagogue Membership(s):

Membership Level

Please check level of membership for which you are applying. Please note that associate membership requires proof of membership at another Albany synagogue.

- Full Family Membership Associate Family Membership
 Full Single Membership Associate Single Membership
 College Student Membership

Personal Information

Member 1:

Hebrew Name* _____ Birthday _____

Kohen Levi Israel Bar/Bat Mitzvah Parsha _____

Occupation _____

Member 2

Hebrew Name* _____ Birthday _____

Kohen Levi Israel Bar/Bat Mitzvah Parsha _____

Occupation _____

For Office Use Only

Rabbi has approved application: Yes No Signature _____
Minimum 25% Payment Received: Yes No
Approved by Board of Directors: Yes No Meeting Date ___/___/___

Family Information

Marital Status: *Married* Date of Marriage _____

Single *Widowed* *Divorced*

Member 1 Father's Name

*Hebrew Name** _____

English Name _____

Member 2 Father's Name

*Hebrew Name** _____

English Name _____

Member 1 Mother's Name

*Hebrew Name** _____

English Name _____

Member 2 Mother's Name

*Hebrew Name** _____

English Name _____

* Please transliterate names into English text, and include father's Hebrew name as well

Children

Name	Sex	Date of Birth	Bar/Bat Mitzvah Date	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Family History

In the event that there have been any conversions, adoptions or divorces in your family history, please discuss directly with the Rabbi. In this instance, family history refers to self, spouse, unmarried children, parents and grandparents.

Membership Directory/Shul Email List

We would like to include your information in the community email list and future membership directories. Please check below if you **do not** want this information available to our members (list will not be shared with other organizations).

- Do not include our contact information in the membership directory
 Do not include us on the community email list

Synagogue Committees & Affiliate Organizations

Please indicate in which committees and activities you are interested in becoming involved:

- | | |
|--|--|
| <input type="checkbox"/> Programming | <input type="checkbox"/> Youth/NCSY |
| <input type="checkbox"/> House and Grounds | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Chesed/Bikur Cholim |

Yahrzeit Information

For additional entries, please attach a separate sheet containing the following information

Name: _____ Hebrew Date of Death _____
Month/Day/Year

Transliterated Hebrew Name* _____

English Date of Death _____

Relationship to you _____
Month/Day/Year

Name: _____ Hebrew Date of Death _____
Month/Day/Year

Transliterated Hebrew Name* _____

English Date of Death _____

Relationship to you _____

Name: _____ Hebrew Date of Death _____
Month/Day/Year

Transliterated Hebrew Name* _____

English Date of Death _____

Relationship to you _____

Name: _____ Hebrew Date of Death _____
Month/Day/Year

Transliterated Hebrew Name* _____

English Date of Death _____

Relationship to you _____
Month/Day/Year

Financials

* Financial burden should never prevent anyone from being a member of Congregation Beth Abraham-Jacob. Please feel free to contact the Board President via the synagogue office or via email at president@cbaj.org to make **confidential** payment arrangements or adjustments if you are unable to pay the full synagogue membership.

Membership Level

Note: CBAJ Fiscal Year July 1st – June 30th

Full Membership

- Family Membership\$ 1,650.00 _____
- Single Adult Membership\$ 825.00 _____
- Full-time College Student\$ 135.00 _____

Associate Membership (requires membership at another Capital Region synagogue)

- Family Membership\$ 825.00 _____
- Single Adult Membership\$ 550.00 _____

Annual dues subject to annual increases

For new members paying full (i.e., non-adjusted) dues and joining after the start of the fiscal year, The following adjustment/credit will be made:

Membership commencing	Adjustment (1 st year) -or- Credit* in subsequent year
July 1 – August 31	None
September 1 – April 30	1 month for every elapsed month after August 31 **
May 1 – June 30	Full dues (i.e., any payment applies to dues for next year)

* Assume full dues are paid in full before beginning of fiscal year after membership began.

** e.g., if membership starts November 1st, 2 months credit.

Optional Annual Donations

Youth Shabbat Programming - New and Improved

- Full sponsorship of one child: \$600 x _____ = _____
- 1/2 sponsorship of one child: \$300 x _____ = _____
- 1/4 sponsorship of one child: \$150 x _____ = _____

Kiddush Fund – New and Improved

- Full sponsorship of one Kiddush..... \$150 x _____ = _____
- Co-sponsorship of one Kiddush.....\$ 75 x _____ = _____

Synagogue Membership to the Orthodox Union

- OU Membership Fee\$10.00 _____

Payment Schedule

Please note the agreed upon annual total below.

- Total From Above _____
- Financial adjustment approved by Board President..... _____
- Payment Enclosed..... _____
- Balance..... _____

Please make checks payable to **Congregation Beth Abraham-Jacob** and send to:
380 Whitehall Rd., Albany, NY 12208