

Welcome to



CONGREGATION BETH ISRAEL

Please help us get to know you . . .

Member Name (Mr., Mrs., Dr., Ms., Rabbi) _____ Nickname _____

Member Name (Mr., Mrs., Dr., Ms., Rabbi) _____ Nickname _____

Residence _____ () _____
Street City/Zip Phone

Marital Status: (Check One)

Married Single Widowed Divorced Separated Partner

Anniversary Date _____ (include year married if applicable)

Member: Date of Birth / / Member: Date of Birth / /

e-mail address (to be enrolled in CBI emails) _____ e-mail address (to be enrolled in CBI emails) _____

Mobile Phone # _____ Mobile Phone # _____

Type of Business _____ Type of Business _____

Company Name _____ () _____ Company Name _____ () _____

Company Address _____ Phone _____ Company Address _____ Phone _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Job Title _____ Job Title _____

Owner Partner Employee Owner Partner Employee

Maiden Name (if applicable) _____

Young Children (Living at Home)

Child's Full Name (First, Middle, Last)	Birth Date	Current Grade	If at College give full address and graduation date

Relatives who are now members of Congregation Beth Israel

Name	Name
_____	_____
_____	_____

Friends who are now members of Congregation Beth Israel

Name	Name
_____	_____
_____	_____

Religious Background

Please indicate Male (M) or female (F):

_____ **Reform** _____ **Conservative** _____ **Orthodox** _____ **Not affiliated** _____ **Not Jewish**

We are a diverse community. Please tell us about your religious background.

List of Departed for Yahrzeit Record(s): Please contact our clergy if you have any questions

Please indicate whether you observe English Date Hebrew Date

Name	Date of Death including Year	Relationship

We encourage all members of the congregation to take an active part in synagogue life. We would very much like you to choose one or more areas in which you might have an interest. Please indicate male (M) or female (F) or both (M-F).

Education

- Camp
- Museum
- Cemetery
- Choir (Adult)
- Choir (Child)
- Religious School

Social Program/ Community Service

- Biblical Garden
- Senior Connections
- Kol Isha (Sisterhood)
- Mensch Night Out (Brotherhood)
- Next Dor (20-30 somethings)

Interfaith

- B' Yachad

Welcome Home Project

- Separate Sheet

Membership Contribution

Congregation Beth Israel's fiscal year is from July 1st to June 30th.

Applicants accepted for membership prior to the High Holy Days will be asked to pay one half (1/2) of the first year's membership contribution and one half (1/2) of the first year's building fund for that fiscal year.

Please check one:

<input type="checkbox"/> Standard \$2,250 *Building Fund Required	<input type="checkbox"/> Single: Up to Age 30 \$180	<input type="checkbox"/> Young Family: Up to Age 30 \$360	<input type="checkbox"/> Seasonal \$1,125	
	<input type="checkbox"/> Single: Age 31-35 \$540	<input type="checkbox"/> Young Family: Age 31-35 \$900		

This year for my MEMBERSHIP CONTRIBUTION

I pledge the amount of \$ _____ *All memberships require an additional \$150/year Security Fee

Maimonides

Moses Maimonides (known in Hebrew as the Rambam) was a 12th century Jewish philosopher and Torah scholar. His concern for the welfare of others, belief in the importance of every Jew giving *zedakah*, and his compassion as a healer embody the values and goals of the **Maimonides Society**.

As a member of the **Maimonides Society**, your leadership gift will distinguish you as achieving the highest level of *zedakah* in caring for all those who seek a Jewish spiritual home at Congregation Beth Israel.

Unless otherwise requested, members of the **Maimonides Society** will have their names displayed in our congregation's Rotunda, listed annually in our Bulletin, as well as an annual acknowledgement in the Jewish News of Greater Phoenix. In addition, **Maimonides Society** members will receive the following benefits annually according to the following levels of giving. See following categories:

Giborim (Heroes) – Member Contribution between \$3,000 and \$3,599

- Five celebratory or memorial donations and greetings
- Listing in annual ad in the Jewish News of Greater Phoenix
- One leaf on the Tree of Life
- A one line listing in the Yom Kippur Yizkor Memorial Book

Chai – Total Contribution between \$3,600 and \$5,399

- Seven celebratory or memorial donations and greetings
- Listing in annual ad in the Jewish News of Greater Phoenix
- One leaf on the Tree of Life
- A ½ white page listing in the Yom Kippur Yizkor Memorial Book
- Two additional High Holy Day tickets

Double Chai – Total contribution between \$5,400 and \$7,199

- Ten celebratory or memorial donations and greetings
- Listing in annual ad in the Jewish News of Greater Phoenix
- Two leaves on the Tree of Life
- A full white page listing in the Yom Kippur Yizkor Memorial Book
- Two additional High Holy Day tickets
- Complimentary Ballroom usage
- Reserved parking section at High Holy Day Services

Triple Chai – Total contribution in excess of \$7,200

- Unlimited celebratory or memorial donations and greetings
- Listing in annual ad in the Jewish News of Greater Phoenix
- Two leaves on the Tree of Life
- A gold page listing in the Yom Kippur Yizkor Memorial Book
- Four additional High Holy Day tickets

Maimonides Society

Name: _____

Additionally, I would like to become a member of the Maimonides Society at the level of:

- Giborim (\$ _____) per year Total Contribution between \$3,000 and \$3,599
- Chai (\$ _____) per year Total Contribution between \$3,600 and \$5,399
- Double Chai (\$ _____) per year Total Contribution between \$5,400 and \$7,199
- Triple Chai (\$ _____) per year Total contribution in excess of \$7,200
- Other additional contribution (\$ _____) per year

Special Requests: _____

Building Fund Contribution

In support of the Congregation Beth Israel Building Program I/We agree to a total contribution of \$ _____ payable over ____year(s), at \$ _____ annually. (\$3,000 minimum)

CBI Membership

Membership Contribution(Plus Maimonides if applicable:	\$ _____
Security:	\$ 150
Building Fund:	\$ _____
Total	\$ _____

Payment Plans

One-Time Payment in full by Credit Card-We accept Visa / Mastercard / American Express

Is this a debit card ___Yes ___No \$_____ **Total Amount**

Card # _____ Exp. Date _____

Name on Card (Please Print) _____

A 3% credit card processing fee will be added

Address Where Credit Card Statements are sent to you

Signature _____

Date _____

12 Monthly Credit Card Payments-We accept Visa / Mastercard / American Express

Is this a debit card ___Yes ___No

Card # _____ Exp. Date _____

A 3% credit card processing fee will be added

Name on Card (Please Print) _____

Address Where Credit Card Statements are sent to you

Signature _____

Date _____

12 monthly Electronic Debits - Be sure to include a voided check or routing number and account number

Routing Number (9 digits) _____ **Account Number** _____

Name (Please Print) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Signature _____ **Date** _____