



NEW MEMBER INFORMATION FORM

Membership year is July 1 – June 30

Name _____

Mailing Address _____

City/State/Zip _____

Street Address _____

Other Address (please specify): _____

City/State/zip _____

ADULT 1

ADULT 2

Name _____

Preferred Pronouns _____

House Phone _____ Preferred?

Mobile Phone _____

Email Address _____

Date of Birth _____

Occupation/Profession _____

Company Name _____

Religious Background _____

DEPENDENT CHILDREN

Name _____ Birth Date mm/dd/yyyy _____

Primary reason for joining CBB at this time _____

Friends and Family Members that belong to CBB _____

YAHRTZEIT – Anniversary of an immediate family member’s passing.

If you would like for us to send you a yahrtzeit notice, please fill out the table below with information for your loved one. Please indicate whether you would like the Hebrew or English date observed.

Name of Loved One	Relationship	Date of Death mm/dd/yyyy

Is there anything else you would like us to know about your family, your special interests, or needs you may have? _____

Authorization and Release for Use of Information and Photographs:

I grant Congregation B’nai B’rith (CBB) permission to use my name, photographs, videos, and testimonials of me and my family in CBB’s promotional, marketing, program materials and media, for public relations purposes.

Please include a current photo of you/your family. You may also email a photo to mariela@cbbsb.org.

Adult 1 signature

Date

Adult 2 signature

Date





Congregation B'nai B'rith

NEW MEMBER COMMITMENT FORM

Membership year is July 1 – June 30

Name _____ Phone _____

Email _____ Date _____

Thank you for joining!

We are grateful to all CBB members for making a tax deductible commitment to help sustain our vibrant community.

MEMBERSHIP CATEGORIES

- Standard** \$3,600 (*\$3,000 Families with children enrolled in BHY preschool and/or Jewish Learning Programs.*)
- Individual** \$2,000
- Affiliate** \$1,250 *Primary membership is at an out of town synagogue. Name of Synagogue: _____*
- OpenDor "20's & 30's"** \$360 *Suggested per young adult.*
- Alternative/Low or Fixed Income** \$ _____/Year

LEADERSHIP GIVING *Includes annual membership.*

Membership contributions provide one-third of CBB's annual operating budget. **Leadership Donors** ensure that we keep our doors open for all to participate regardless of financial situation.

Leadership Donors are invited to special gatherings and receive recognition throughout the year. *If you wish to remain **anonymous**, please check here*

- | | |
|--|---|
| <input type="radio"/> Sustainer
\$5,400 | <input type="radio"/> Builder
\$25,000 |
| <input type="radio"/> Rabbi's Circle
\$10,000 | <input type="radio"/> Pillar
\$50,000 |
| <input type="radio"/> Rabbi's Circle "Chai"
\$18,000 | <input type="radio"/> Visionary
\$100,000 |

BUILDING FUND

Every new member is assessed a one-time fee of \$3,000 to help maintain our campus and facilities Ideally this is paid within the first five years of membership (longer if you have a financial hardship).

- Building Fund Commitment:** \$ _____
The amount you are able to contribute, this year, towards the Building Fund.

MY MEMBERSHIP COMMITMENT THIS YEAR:

Membership Commitment: \$ _____

Building Fund: + \$ _____

TOTAL: = \$ _____

\$50 ARZA: = \$ _____ *(Optional)*

The American Reform Zionist Association

Please turn to the back of this form to choose payment and billing options →

Thank you
For your generosity and investment
in our thriving community!

PAYMENT INFORMATION

My Commitment will be paid:

- IN FULL:** Please include a check or complete the payment information below.
- TWO PAYMENTS:** Choose 2 dates between now and June 30, 2023: 1st _____ and 2nd _____.
- FOUR PAYMENTS:** We will divide your commitment into 4 equal payments between now and June 30, 2023.
- MONTHLY:** We will divide your commitment between the number of months remaining between now and June 30, 2023
(To take advantage of the Monthly option, we ask that you donate by credit or debit card.)

Monthly total to be charged: \$ _____

Form of Payment:

- Check enclosed for \$ _____
- A check will be sent directly from my financial institution, IRA, or Foundation
- I will make my donation in the form of Stock, Mutual Fund or IRA on _____ (date).
 - Please send me transfer information. Please notify Terry Grimes, our Bookkeeper, at terry@cbbsb.org or call (805) 964.7869 x119
- Charge my credit/debit card using the schedule that I have chosen above. We accept Visa, Mastercard, AMEX and Discover. Please process donation on this day of each month: ____ 5th ____ 15th or ____ 25th
Name on card _____
Account # _____ Exp. date: _____ Security code: _____
 - Check here if you want to donate the optional 3% tax-deductible contribution for credit/debit card fees.

Comments: _____

Please return your form to CBB.

*Your contribution is 100% Tax Deductible. Congregation B'nai B'rith's tax id is 95-6006585.
Please contact Terry Grimes with any questions: terry@cbbsb.org or (805) 964-7869 x119*

FOR OFFICE USE ONLY

MONTHLY AMOUNT		MONTHS		DATE	
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