



Congregation B'nai B'rith

NEW MEMBER COMMITMENT FORM

Thank you for becoming a member of CBB!
Your support sustains our vibrant house of living Judaism.

Name _____ Phone _____

Email _____

MEMBERSHIP CATEGORIES

- Standard** \$3,800
- Families** \$3,200 *Families with children enrolled in youth education programs*
- Individual** \$2,200
- Affiliate** \$1,400 *Primary membership is at an out of town synagogue. Name of Synagogue: _____*
- OpenDor** (20's & 30's) \$450 *per young adult*
- Alternative** \$_____ *If a category above does not fit your current financial situation, please include an amount that works for you this year.*

LEADERSHIP GIVING *Includes annual membership.*

Membership contributions provide nearly half 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
\$5,600
<i>(\$3,800+\$1,800 "chai")</i> | <input type="radio"/> Rabbi's Circle
\$10,000 | <input type="radio"/> Rabbi's Circle "Chai"
\$18,000 |
| <input type="radio"/> Builder
\$25,000 | <input type="radio"/> Pillar
\$50,000 | <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. This is typically paid within the first five years of membership. A longer payment plan can be established if needed.

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

CBB'S MEMBERSHIP YEAR IS JULY 1 – JUNE 30 MY MEMBERSHIP COMMITMENT FOR 2024/2025:

Membership or Leadership Commitment \$ _____

Building Fund + \$ _____

Security + \$ 180 *(to provide security for our community)*

TOTAL COMMITMENT \$ _____

ARZA \$ _____ *(optional \$50)*
The American Reform Zionist Association

Building Dreams Campaign \$ _____ *(optional)*

Please see the reverse of this form for payment and billing options →

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

PAYMENT INFORMATION

Donation Schedule

- IN FULL**
- IN TWO PAYMENTS** Choose 2 dates between now and June 30, 2025: 1st _____ and 2nd _____.
- QUARTERLY** We will divide your commitment into 4 equal payments between now and June 30, 2025.
- MONTHLY** We will divide your commitment between the number of months remaining between now and June 30, 2025
Monthly payments must be paid by credit or debit card – please complete the appropriate payment section below.

Form of Payment

- Check enclosed for \$ _____
- A check will be sent directly from my financial institution, IRA, or Foundation.
- I will make my gift in the form of stock or mutual fund on approximately _____ (date).
Please notify Terry Grimes, CBB Bookkeeper, at terry@cbbsb.org or call (805) 964-7869 x119 upon transfer.
 - Transfer to Vanguard DTC #0062 ACCT #12462664 FOR: CBB Corp.
- Charge my credit/debit card using the schedule I selected above.
(circle one) Visa Mastercard AMEX Discover
Please process the payment on this day of each month (circle one) 5th 15th 25th

Name (as it appears on the card): _____

Account Number: _____ Exp. Date: _____ Security Code: _____

- Check here if you wish to opt out of the 3% tax-deductible contribution for credit/debit card fees.

Special Instructions: _____

Please return this form to CBB.

Your contribution is 100% tax deductible.

Congregation B'nai B'rith's tax ID number is 95-6006585.

Please contact Terry Grimes with billing questions: terry@cbbsb.org or (805) 964-7869 x119

FOR OFFICE USE ONLY

AMOUNT	<input type="text"/>	MONTHS	<input type="text"/>	START DATE	<input type="text"/>
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NEW MEMBER INFORMATION FORM

Membership year is July 1 – June 30

Name _____

Street Address _____

City/State/Zip _____

Other Address (please specify): _____

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

Dependent Children Name/s	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Primary reason for joining CBB _____

Family and/or friends that belong to CBB _____

AREAS OF INTEREST – Please check all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Lifelong Learning | <input type="checkbox"/> Israel | <input type="checkbox"/> SBORTY (Youth Group) |
| <input type="checkbox"/> Torah Study | <input type="checkbox"/> Jewish Culture (art, music, food) | <input type="checkbox"/> Social Gatherings |

YAHRTZEIT – Anniversary of an immediate family member’s passing

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

<u>Name of Loved One</u>	<u>Relationship</u>	<u>Date of Death mm/dd/yyyy</u>

Is there anything else you would like us to know? _____

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, or you may email the photo to info@cbbsb.org.

Signature (Adult 1)

Date

Signature (Adult 2)

Date

