**Membership Application July 2020/5780 – June 2021/5781**

🞎 RENEWING 🞎 NEW MEMBER

Name[s]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt # \_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #(s) to receive phone tree messages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Categories**

**No one will be turned away from our Synagogue Community based on their ability to pay. Please talk to us.**

* Family with or without children: $1,350
* Benefactor Membership: $5,000
* Pillar Membership: $3,600
* Sustaining Membership: $1,800
* Newly Married (couples in first year of marriage): $700
* Adult: $750
* Out of Town Member: $100
* COVID-Impacted Membership (Please call the office for more information) Top of Form

Bottom of Form

🞎 Building Fund: I will contribute the following additional amount (circle one)

50 100 250 500 1,000 Other \_\_\_\_\_\_

For payment plan or financial assistance information, contact office@brjc.org or 718-836-3103

**I agree to contribute the annual membership dues and to be an active participant for the betterment of the BRJC Community**

**Please accept my application for membership at the Bay Ridge Jewish Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am enclosing payment by:
🞎 Check (payable to Bay Ridge Jewish Center)

🞎 Installment Plan (10 months of payments)
🞎 Money Order
🞎 Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_/\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_

**Please send completed form to** **office@brjc.org**

**Mail payments to:**

**Bay Ridge Jewish Center / 405 81st Street, Brooklyn, NY 11209 / 718-836-3103 / office@brjc.org**