**RENEWAL MEMBERSHIP APPLICATION 5782: *July 2022 – June 2023***

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

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

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

Preferred Member Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone # to receive phone tree messages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Categories:** No one will be turned away from BRJC based on ability to pay. Please talk to us! For Payment Plans or Financial Assistance, contact: office@brjc.org or 718-836-3103. High Holiday tickets are included with all paid memberships.

🞎 Family with or without children: …………$1,350

🞎 Individual Adult: ………………………………....$750

🞎 Couples in first year of marriage: ....…….$700

🞎 Sustaining Membership: …………….……….$1,800

🞎 Pillar Membership: ……………………….……..$3,600

🞎 Benefactor Membership: …………….………$5,000

🞎 Out of Town Membership:..........................$180

🞎 COVID-Impacted Membership (Please call the office for information)

**Building Fund**: I will contribute the following additional amount to help maintain BRJC’s building:

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

**Please accept my renewal application for membership at 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: \_\_\_\_\_\_\_\_\_

(Credit cards are charged a 3% fee)

**I agree to contribute the above Annual Membership Dues and to be an active participant for the betterment of the BRJC community.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our community runs on people-power. We encourage every member to take on a job within BRJC. Whether you bring snacks to a program, join a committee, help to cook latkes, or provide pro-bono professional services, we need you and thank you!  
**I am interested in volunteering/getting information for the following:**

|  |  |
| --- | --- |
| Rabbi’s Adult Education 🞎 | Conversion 🞎 |
| Young Professionals Programming (20’s-30’s) 🞎 | Hebrew Reading 🞎 |
| Work on Website / Social Media 🞎 | Photograph Events 🞎 |
| Planting in Garden 🞎 | Sukkah Building 🞎 |
| Grant Writing 🞎 | Chesed (Good Deed) Activities 🞎 |
| Hebrew School 🞎 | Plan a Fundraising Event 🞎 |
| Activities for Pre-Schoolers 🞎 | Join the Musical Shabbat Band 🞎 |
| High Holiday Greeter/Usher 🞎 | Shabbat Family Host 🞎 |
| Baby Naming or Bris 🞎 | PJ Library 🞎 |
| Youth or Adult Bar/Bat Mitzvah 🞎 | Sisterhood 🞎 |
| Fund Raising 🞎 | Visit a Homebound Member 🞎 |
| Help with Holiday Celebrations 🞎 | Wedding 🞎 |
|  |  |
|  |  |
|  |  |

**Photo Release Form**

🞎 I give consent for my child’s/children’s photographs to appear on the BRJC website, social media, and advertising.

🞎 I give consent for my/our photographs from synagogue functions to appear on the BRJC website, social media, and advertising.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons to contact in case of emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for renewing your membership at BRJC!