**NEW MEMBER 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information helps us to better understand the needs of our members. This is important for

major life cycle events; i.e., B’nai Mitzvah, marriage, death and during emergencies.

All information will be held in strictest confidence.

**About You**

|  |  |  |
| --- | --- | --- |
|  | **ADULT #1** | **ADULT #2** |
| Full Name |  |  |
| Title (Dr., Mr., Mrs., Ms., etc.) |  |  |
| Date of Birth (xx/xx/xxxx) |  |  |
| Home Phone |  |  |
| Cell Phone |  |  |
| Preferred Gender Pronoun |  |  |
| Preferred E-mail Address |  |  |
| Occupation/Profession |  |  |
| Employer |  |  |
| Religious tradition in which you were raised: | Reform  Conservative  Orthodox  Reconstructionist  Non-Jewish  Non-Practicing | Reform  Conservative  Orthodox  Reconstructionist  Non-Jewish  Non-Practicing |
| Hebrew Name (Hebrew or Transliterated) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ben/bat  Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ben/bat  Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you are a Jew by choice, who officiated at the Conversion? |  |  |
| If you are not Jewish, do you identify with a religion? |  |  |
| I can read Hebrew |  |  |
| I can chant torah/haftorah |  |  |
| I can lead a service |  |  |
| I can teach a class |  |  |
| Are you a military vet? |  |  |

**About Your Children**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CHILD #1** | **CHILD #2** | **CHILD #3** |
| First Name |  |  |  |
| Surname |  |  |  |
| Hebrew Name |  |  |  |
| Birthdate (xx/xx/xxxx) |  |  |  |
| Email address: |  |  |  |
| If birth mother is not Jewish, was child converted? (Y/N) |  |  |  |
| School Name & Grade |  |  |  |
| Child Living at Home (Y/N) |  |  |  |
| Marital Status/ Name of Spouse |  |  |  |

**Yahrzeit (Memorial) Information**

If you would like us to add the name of a departed to be read at Shabbat services please fill out the section below. Please attach an extra page if you wish to include additional names.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Deceased |  |  |  |
| Hebrew Name  Transliterated e.g. “Shmuel son of Avi & Dinah” |  |  |  |
| Relationship |  |  |  |
| Secular date of death |  |  |  |
| Hebrew Date of Death |  |  |  |
| I would like information about ways to honor these individuals |  |  |  |
| Please remind me of when I should say Kaddish |  |  |  |

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 joining us at BRJC!