



BAY RIDGE JEWISH CENTER
 Congregation Sheiras Israel
 405 81st Street, Brooklyn, New York 11209
 Phone: 718-836-3103 / Fax: 718-745-4365
 office@brjc.org

FOR OFFICE USE

RENEWAL MEMBERSHIP APPLICATION 5785: JULY 2024 – JUNE 2025

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.

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Benefactor Membership: | \$5,000 |
| <input type="checkbox"/> | Pillar Membership: | \$3,600 |
| <input type="checkbox"/> | Sustaining Membership: | \$2,800 |
| <input type="checkbox"/> | Household with or without children: | \$1,850 |
| <input type="checkbox"/> | Single Membership: | \$1,100 |
| <input type="checkbox"/> | Couples in their first year of marriage: | \$700 |
| <input type="checkbox"/> | Out of Town/Supportive Membership: | \$180 |
| <input type="checkbox"/> | Financial Support/Relief Requested: | TBD |

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

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

SECURITY ASSESSMENT FEE: **\$300**

TOTAL PAYMENT: **\$ _____**



BAY RIDGE JEWISH CENTER

PAYMENTS: 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)

Please use LINK below to pay directly through ShulCloud

<https://bayridgejewishcenter.shulcloud.com/payment.php>

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



BAY RIDGE JEWISH CENTER

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!