

MEMBERSHIP FORM (Please Print)



401/403 N. Nova Road, Ormond Beach, FL 32174

Office: 386-672-1174 Fax: 386-672-6834 E-mail: cbtemail@mybnaitorah.org

Website: www.mybnaitorah.org

Family Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

I consent to receiving reminders of CBT events via text message \_\_\_\_ Yes \_\_\_\_ No

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

Marital Status: \_\_\_\_\_ If Married, Date of Marriage: \_\_\_\_\_

HEAD(S) OF HOUSEHOLD

MALE

FEMALE

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Was Mother Jewish? \_\_\_\_\_

If not, name & city of Rabbi who supervised conversion \_\_\_\_\_

Hebrew Name (in English) \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Was Biological Father a Kohen, a Levi or neither? \_\_\_\_\_

Your Level of Jewish Education \_\_\_\_\_

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Occupation/Profession \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

**CHILDREN**

English Name	Hebrew Name	Religious School Status	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please circle if enrolling children in Religious School**

(Current annual tuition: \$350 for 1<sup>st</sup> child / \$325 for each additional child from same family. Family must become a member of the Congregation within a year.)

1 Child                  2 Children                  3 Children

How did you hear about Congregation B'nai Torah: \_\_\_\_\_

If referred, name of person who referred you: \_\_\_\_\_

Names of family members who already belong to our Congregation:  
\_\_\_\_\_

**Please indicate type of membership:**

Family (\$1,400)    Single (\$800)    Associate\* (\$595)    Seasonal (\$Monthly)

\*An Associate Member is a full member of another Jewish Congregation. Please indicate your other congregation (name & address) \_\_\_\_\_

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While we always appreciate full dues payment, we understand that it is not always possible. We do, however, request that at least a quarterly payment (25% of annual dues) be submitted along with your Membership Form. Our fiscal year starts on June 1st and ends on May 31st. We expect: (1) dues payment to be paid on a quarterly basis at the start of each quarter; (2) Religious School tuition to be paid at the start of each quarter beginning September 1st; and (3) other financial obligations to be paid as incurred. Monthly payments may be approved if preferred for budgetary reasons.

The undersigned agree that they are responsible for paying any financial obligation associated with membership in Congregation B'nai Torah. It is further understood that should the undersigned resign their membership, they realize that they remain liable for any outstanding debts to the Congregation, including dues accrued until the Congregation receives written notice of the resignation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Yahrzeits about which you wish to be notified:

Name: \_\_\_\_\_

Date of death\*: \_\_\_\_\_ Y

Relationship: \_\_\_\_\_

To: \_\_\_\_\_

Name: \_\_\_\_\_

Date of death\*: \_\_\_\_\_ Y

Relationship: \_\_\_\_\_

To: \_\_\_\_\_

Name: \_\_\_\_\_

Date of death\*: \_\_\_\_\_ Y

Relationship: \_\_\_\_\_

To: \_\_\_\_\_

Name: \_\_\_\_\_

Date of death\*: \_\_\_\_\_ Y

Relationship: \_\_\_\_\_

To: \_\_\_\_\_

Name: \_\_\_\_\_

Date of death\* \_\_\_\_\_ Y

Relationship: \_\_\_\_\_

To: \_\_\_\_\_

\* Hebrew month & day; or English month, day, & year – **if after sundown circle "Y"**

(attach sheet with additional yahrzeits, if needed)

MEMBERSHIP FORM (Please Print)

Please indicate the Congregational activities in which you are interested in participating:

Sisterhood

Men's Club

Budget and Finance

Building

Chevra Kadisha

Publicity / Community Relations

Fundraising

Kitchen

Membership

Religious School

Ritual

Social and Events

Youth

Adult Education

Leading Shabbat

Leading Torah Discussion

Torah and/or Haftarah Reading