



Congregation Beth Jacob

"How lovely are your tents, O Jacob, your dwelling places, O Israel!"

P.O. Box 3284
 Plymouth, MA 02361
 (508) 746-1575

Marjorie Nydell, President
 Lawrence M. Silverman, DHL, *Rabbi*
www.cbjplymouth.org

Date received
 by Treasurer _____

Date received
 by Membership _____

2017-2018 Membership Application

CONTACT INFORMATION:	
Name to be used for mailing label:	
Home address:	
City, State, Zip:	
Home phone:	
Primary email:	

	Adult #1	Adult #2
Salutation		
First Name		
Last Name		
Nickname (preferred name)		
Marital Status		
Anniversary date		
Birth date		
e-mail (for directory & newsletter)		
Cell phone		
Hebrew name (in English)		
Father's Hebrew name		
Mother's Hebrew name		
Religion		
If Jewish, please check one:	<input type="checkbox"/> Kohan <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel	<input type="checkbox"/> Kohan <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel
Previous synagogue affiliation, # of years		
Occupation		
Area of specialization		
Interests/Skills (such as Art, Computers, Photography, Cooking, Music, History, Financial, Education, etc.):		
How did you hear about Congregation Beth Jacob?		

Dependent Children		
	Child #1 <input type="checkbox"/> male <input type="checkbox"/> female	Child #2 <input type="checkbox"/> male <input type="checkbox"/> female
First Name		
Last Name		
Nickname		
Address (if different)		
City, State, Zip		
Phone (if different)		
e-mail		
Hebrew name		
Date of birth		
School & grade		
Religious school - years attended		
Bar/Bat Mitzvah date		

	Child #3 <input type="checkbox"/> male <input type="checkbox"/> female	Child #4 <input type="checkbox"/> male <input type="checkbox"/> female
First Name		
Last Name		
Nickname		
Address (if different)		
City, State, Zip		
Phone (if different)		
e-mail		
Hebrew name		
Date of birth		
School & grade		
Religious school - years attended		
Bar/Bat Mitzvah date		

Rabbi Contact:

Rabbi Lawrence Silverman is a valuable resource for all members of the Beth Jacob Community. He is available to answer any questions or concerns you may have as a new member. If you would like to have him call you, please indicate the best time and phone number at which he may reach you:

Best Time to call you: _____

Phone Number: _____

Name: _____

2017-2018 Annual (July 1-June 30) Financial Commitment Form

√	Commitment	Membership Category
<input type="checkbox"/>	\$ 1600 or more	Mitzvah membership
<input type="checkbox"/>	\$ 1350	Dual membership – two adults living in the same household, both requesting membership
<input type="checkbox"/>	\$ 900	<i>Individual membership – one adult requesting membership</i>
<input type="checkbox"/>	\$ 900	Introductory Dual membership
<input type="checkbox"/>	\$ 600	Introductory Individual membership
<input type="checkbox"/>	---	I/We cannot afford to pay the minimum commitment at this time. I will contact Sherri Sore at (774-338-5209) for a confidential conversation regarding dues abatement.

My/Our annual dues commitment will be:	\$
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Payment Plan (please indicate your preference):

<input type="checkbox"/>	Payment in full enclosed: (Check payable to Congregation Beth Jacob)	\$
<input type="checkbox"/>	Partial payment of \$	\$
Preferred payment schedule: <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		
<input type="checkbox"/>	Other (Provide details, or contact Sherri Sore at 774-338-5209)	\$
<input type="checkbox"/>	Religious School fees, where applicable, are additional. Please send me a school form.	

High Holy Day seats are included provided you are a member in good standing.

Printed name - head of household

Printed name – spouse/partner

Signature

Signature

Date signed

Date signed

Yahrzeits (Memorials):

Please provide us with yahrzeit names if you want us to include them in our publications and to announce them in services. We will be happy to mail reminders to you on a timely basis, if you request postal notification.

Send postal reminders of these dates: ___All, ___Some (which ones?) ___None

I/we prefer observing using the ___ traditional Hebrew calendar, or the ___ English calendar.

Provide both the Hebrew and English (mm/dd/yyyy) date of death, if available, checking the box if death was after sundown. We will determine or verify the Hebrew date for you.

Name	Relationship	Hebrew Date	English Date
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Cemetery Information:

I/We are interested in cemetery space at Beth Jacob Cemetery at Vine Hills in Plymouth.

I/We have not made arrangements at a cemetery.

I/We have made arrangements at another cemetery. Please provide name and location:

Please describe other arrangements made for the occasion of my/our death.

We encourage your participation as members of the Beth Jacob Family. Please check off areas of interest to you and if you would like to serve on the following committee(s) and/or be members of the following groups:

Adult #1	Adult #2	
		Adult Education
		Brotherhood
		Budget & Finance
		Building & Grounds
		Fund Raising
		Membership
		Music
		Newsletter / Website
		Parent/Teacher Organization
		Publications and documentation
		Publicity
		Religious School Education
		Ritual
		Sisterhood
		Social Action
		Social Programs
		Youth Group
		Plymouth 2020 (400 th anniversary activities)
		Other:

Please let us know which qualities/programs you are looking for in a synagogue so that we may try to meet your needs:

1.

2.

3.

Please return applicable form along with a check made out to Congregation Beth Jacob to:

Congregation Beth Jacob

ATTN: Membership

P.O. Box 3284

Plymouth, MA 02361

Please contact Membership Chairperson Barbara Aharoni with any questions

(508) 465-0357 or ahabubs@gmail.com