



# B'nai Shalom

Morris & Miriam Hammer Campus

300 Pleasant Valley Way • West Orange, NJ 07052

Tel: 973-731-0160 • Fax: 973-731-1160 • [www.bnaishalom.net](http://www.bnaishalom.net)



## MEMBERSHIP APPLICATION FORM 2011-2012

Name \_\_\_\_\_ Member ID# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SECTION I – Dues and Other Fees (check all that apply)

Family	\$2,180	Building Fund Fee <i>applies to new members only</i> (payable over 6 years)	\$2,000
Single/Single Parent Family	\$1,200		
Senior Couple (over 65)	\$1,650		
Senior Single (over 65 )	\$ 1,035	Bar/Bat Mitzvah Fee	\$ 1,400
Young Couple (under 35)	\$1,130		

### SECTION II - Payment Options

<input type="checkbox"/> <b>Early Payment Option:</b> Total balance due by Sept. 1, 2011 <i>No installment fees.</i>	<input type="checkbox"/> <b>Three Payment Option:*</b> 100% of any past due balance, plus 1/3 of fees due with registration 1/3 due by 10/31/11 Final payment due by 3/31/12	<input type="checkbox"/> <b>Extended Payment Option:*</b> 100% of any past due balance, plus 1/4 of current fees due with registration Balance due in 6 equal payments 9/30/11 through 3/31/12
*Credit Card Authorization or Post Dated Checks Required. <b>One Time Installment Fees: \$25 for check payments; \$40 for credit card payments</b>		

### Credit Card Information (VISA OR MASTERCARD ONLY)

Name on Credit Card \_\_\_\_\_ Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ 3 digit Security Code (on back) \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_  
 I authorize the use of the credit card above for all B'nai Shalom fees other than The Annual Campaign (initial here) \_\_\_\_\_

### SECTION III - High Holiday Tickets

Each registered adult (not dependent) is entitled to 1 ticket in the Maron Hall Service.  
 All immediate family members are entitled to seats in the Gruhin Sanctuary Service (Family Service)

#### Please check which service you will be attending – only 1 choice of service per family

**Gruhin Sanctuary Service:** No. of family members attending \_\_\_\_\_ (*Your membership includes tickets for you and all of you immediate family members at no additional cost*)

**Maron Hall Service** (*Your membership includes one seat per registered adult (not dependent)*)

*Please select the number of seats based on your TYPE of MEMBERSHIP*

<u>Single Membership</u>	Included Seats _____	<u>Family Membership</u>	Included Seats _____
No. of <u>Additional</u> seats _____		No. of <u>Additional</u> seats _____	
Total Number of seats _____		Total Number of seats _____	

*Your Main Service Additional High Holiday seat cost @ \$225.00 per ticket (# of Additional seats x \$225.00) = \$ \_\_\_\_\_*

### SECTION IV - Summary of Charges

Membership	\$ _____	
Security Fee	\$ 100	<i>Required for all members</i>
Building Fund	\$ _____	
Total Education Costs	_____	<i>Attached completed Tuition Schedule</i>
Bar/Bat Mitzvah Fee	_____	
Kiddush Fund	_____	<i>Suggested contribution of \$100 to help offset the cost of Shabbat Kiddush</i>
Installment Fee	_____	<i>See Section II above</i>
Add'l High Holiday Seats	_____	<i>Payment due prior to tickets being issued</i>
<b>TOTAL CHARGES</b>	<b>_____</b>	<i>All current miscellaneous billing will be charged at the end of each month (2011-2012)</i>

**I AGREE TO PAY ALL FEES AS INDICATED ON THIS FORM. MEMBERSHIP CONTINUES FROM YEAR TO YEAR UNLESS CANCELLED IN WRITING.**

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



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## MEMBERSHIP INFORMATION FORM 2011-2012

*In order to maintain up-to-date information, we kindly ask that you fill in any missing information, correct erroneous data and return it with your registration. We are working hard to update our databases. Thank you for your help.*

Family Name \_\_\_\_\_ Member ID # \_\_\_\_\_

<b>Adult 1</b>	First Name _____ Prefix _____ (Mr., Mrs., Dr. etc.)
	Date of Birth _____ Cell Phone _____
	Hebrew Name _____ Mother's Hebrew Name _____
	Affiliation _____ <i>Kohen</i> _____ <i>Levi</i> _____ Father's Hebrew Name _____
	e-mail address _____ Occupation _____

<b>Adult 2</b>	First Name _____ Prefix _____ Last Name, if different _____
	Date of Birth _____ Cell Phone _____
	Hebrew Name _____ Mother's Hebrew Name _____
	Affiliation _____ <i>Kohen</i> _____ <i>Levi</i> _____ Father's Hebrew Name _____
	e-mail address _____ Occupation _____

<b>Other Info</b>	Home Phone Number _____
	Add'l e-mail addresses _____ (if unique from above)
	Member since _____ Wedding Anniversary _____

### CHILDREN (information for children under age of 26 and email for children 18-26)

<b>Child #1</b>	Name _____	<b>Child #2</b>	Name _____
	Date of Birth _____		Date of Birth _____
	Hebrew Name _____		Hebrew Name _____
	School* _____		School* _____
	e-mail address _____		e-mail address _____

<b>Child #3</b>	Name _____	<b>Child #4</b>	Name _____
	Date of Birth _____		Date of Birth _____
	Hebrew Name _____		Hebrew Name _____
	School* _____		School* _____
	e-mail address _____		e-mail address _____

\* Please enter 'Pre-school', 'Day', 'Secular', 'College' or 'Employed'

### DO YOU HAVE A SPECIAL SKILL YOU CAN SHARE WITH US?

Organizations & Activities: Please indicate which committees you are interested in and the chairperson will contact you.

<input type="checkbox"/> Sisterhood	<input type="checkbox"/> Cemetery	<input type="checkbox"/> Hebrew School	<input type="checkbox"/> Nursery	<input type="checkbox"/> Social Action
<input type="checkbox"/> Men's Club	<input type="checkbox"/> Family Ed	<input type="checkbox"/> House	<input type="checkbox"/> Office	<input type="checkbox"/> Youth
<input type="checkbox"/> Double Chai	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Library	<input type="checkbox"/> Publicity	
<input type="checkbox"/> Adult Ed	<input type="checkbox"/> Hayenu	<input type="checkbox"/> Membership	<input type="checkbox"/> Religious Action	