



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



DUAL MEMBERSHIP RENEWAL FORM 2011-2012

Name _____ Member ID# _____
 Address _____
 City _____ State _____ Zip _____

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

Family	\$1,090	Building Fund Fee <i>applies to new members only</i> (payable over 6 years)	\$2,000
Single/Single Parent Family	\$ 600		
Senior Couple (over 65)	\$ 825		
Senior Single (over 65)	\$ 520	Bar/Bat Mitzvah Fee	\$ 1,400
Young Couple (under 35)	\$ 565		

SECTION II - Payment Options

<input type="checkbox"/> Early Payment Option: Total balance due by Sept. 1, 2011 <i>No installment fees.</i>	<input type="checkbox"/> Three Payment Option:* 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"/> Extended Payment Option:* 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. One Time Installment Fees: \$25 for check payments; \$40 for credit card payments		

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

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.

Name _____

Member ID # _____

Please provide the contact information for the CONSERVATIVE synagogue that you are maintaining your dual membership with so that we may coordinate with them.

Name of Synagogue _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Adult 1

First Name _____ Prefix _____ (Mr., Mrs., Dr. etc.)

Date of Birth _____ Cell Phone _____

Hebrew Name _____ Mother's Hebrew Name _____

Affiliation _____ *Kohen* _____ *Levi* _____ Father's Hebrew Name _____

e-mail address _____ Occupation _____

Adult 2

First Name _____ Prefix _____ Last Name, if different _____

Date of Birth _____ Cell Phone _____

Hebrew Name _____ Mother's Hebrew Name _____

Affiliation _____ *Kohen* _____ *Levi* _____ Father's Hebrew Name _____

e-mail address _____ Occupation _____

Other Info

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)

Child #1

Name _____

Date of Birth _____

Hebrew Name _____

School* _____

e-mail address _____

Child #2

Name _____

Date of Birth _____

Hebrew Name _____

School* _____

e-mail address _____

Child #3

Name _____

Date of Birth _____

Hebrew Name _____

School* _____

e-mail address _____

Child #4

Name _____

Date of Birth _____

Hebrew Name _____

School* _____

e-mail address _____

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