



B'nai Shalom

Morris & Miriam Hammer Campus

300 Pleasant Valley Way • West Orange, NJ 07052

Tel: 973-731-0160 • Fax: 973-731-1160 • Web: www.bnaishalom.net



ASSOCIATE MEMBERSHIP RENEWAL FORM 2010-2011 MEMBERS LIVING AT LEAST 50 MILES FROM WEST ORANGE, NJ

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

SECTION I – Dues (check which applies)

Family	\$700
Single/Single Parent Family	\$700

SECTION II - Payment Options

_____ Check enclosed
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

A **Single** Membership is entitled to 1 ticket in the main service **OR** Seats for all immediate family members in the Family Service
 A **Family** Membership is entitled to 2 tickets in the main service **OR** Seats for all immediate family members in the Family Service

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

Family Service: Number of family members attending _____ (Your membership includes tickets for you and all of you immediate family members at no additional cost)

Main Service (Your membership includes only ONE or TWO reserved seats)

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 _____ \$ 700
 Kiddush Fund _____ Suggested contribution of \$100 to help offset the cost of Shabbat Kiddush
 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
 (2010-2011)

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 2010-2011

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 # _____

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

Other Info	Home Phone Number _____
	Family 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 _____	Child #2	Name _____
	Date of Birth _____		Date of Birth _____
	School* _____		School* _____
	e-mail address _____		e-mail address _____

Child #3	Name _____	Child #4	Name _____
	Date of Birth _____		Date of Birth _____
	School* _____		School* _____
	e-mail address _____		e-mail address _____

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

GOING GREEN DATA

We are continuing the goal of going green while meeting the needs of our congregation.

As we have your e-mail address(es) we will be sending you electronic copies of Hayenu and the monthly flyers. You will NOT receive paper copies unless you request below.

Please sign and date

DIRECTORY

We will be producing a new printed directory. You and your family are automatically included. Please indicate if you **DO NOT** want to be included.

I DO NOT want by family included in the new membership directory _____

Please sign and date