



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



Name: _____	ID Number: _____
-------------	------------------

SECTION IV - Payment Options

<input type="checkbox"/> Single Payment Option Total balance due by Aug 1, 2014	<input type="checkbox"/> Three Payment Option • 100% of any past due balance, plus High Holiday seat costs plus 1/3 of current fees due with registration • 1/3 due by 12/14 and 1/3 due by 3/15	<input type="checkbox"/> Extended Payment Option • 100% of any past due balance, plus High Holiday seat costs plus 1/4 of current fees due with registration • Balance due in 6 equal payments from 10/14 thru 3/15
---	---	--

** One Time Installment Fee for Credit Card payments: \$40*

Credit Card Information (VISA, MASTERCARD or AMERICAN EXPRESS only)

Name on Credit Card _____ Card Number _____

Expiration Date _____ Security Code _____ AMEX _____ 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 V - Summary of Charges

Membership	\$ _____	
Security Fee	\$ 115	Required for all members
Bar/Bat Mitzvah Fee	_____	
SUBTOTAL	\$ _____	
Kiddush Fund	_____	Suggested contribution of \$100 to help offset the cost of Shabbat Kiddush
Credit Card Fee (\$40)	_____	See Section IV above
Add'l High Holiday Seats	_____	Payment due prior to tickets being issued
Talmud Class	_____	
TOTAL CHARGES	\$ _____	All current miscellaneous billing will be charged at the end of each month

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

Signature _____ Date _____



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



MEMBERSHIP INFORMATION FORM 2014-2015

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 _____
	Full Hebrew Name (include mother and father): _____
	Affiliation _____ Kohen _____ Levi _____
	e-mail address _____ Occupation _____

Adult 2	First Name _____ Prefix _____ Last Name, if different _____
	Date of Birth _____ Cell Phone _____
	Full Hebrew Name (include mother and father): _____
	Affiliation _____ Kohen _____ Levi _____
	e-mail address _____ Occupation <u>«A2Occu»</u> _____

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 _____	Child #2	Name _____
	Date of Birth _____		Date of Birth _____
	Hebrew Name _____		Hebrew Name _____
	School* <u>«C1School»</u>		School* _____
	e-mail address _____ Y/N** _____		e-mail address _____ Y/N** _____

Child #3	Name _____	Child #4	Name _____
	Date of Birth _____		Date of Birth _____
	Hebrew Name _____		Hebrew Name _____
	School* _____		School* _____
	e-mail address _____ Y/N** _____		e-mail address _____ Y/N** _____

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

**Add email to database for weekly mailing