

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

Sheila J. Finer, *President*
Lawrence M. Silverman, DHL, *Rabbi*
www.cbplymouth.org

2009 – 2010 Membership Application

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

	Adult # 1	Adult # 2
Salutation		
First Name		
Last Name		
Nickname		
Marital Status		
Anniversary date		
Birth date		
e-mail		
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		
Blood type (if interested in being a donor)		
Interests/Skills: (e.g. Computers, Photography, Cooking, Music, History, 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		

Cemetery Information:

I/We have have not made arrangements at a cemetery.

If you have, name and location: _____

I/We are are not interested in cemetery space at Vine Hills (cemetery of Congregation Beth Jacob, located in Plymouth)

I/We have made other arrangements on the occasion of my/our death.

Please describe:

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: _____

Yahrzeits (Memorials):

Please provide us with all the information requested below so that we may send yahrzeit reminders to you on a timely basis.

Name	Relationship	Date of Death (mm/dd/yyyy) before or after sundown

2009-2010 Annual (July-June) Financial Commitment Form

↓	Commitment	Membership Category
<input type="checkbox"/>	\$1575	Mitzvah membership
<input type="checkbox"/>	\$1325	Family membership
<input type="checkbox"/>	\$1225	Family membership with no dependent children
<input type="checkbox"/>	\$900	Single Parent membership (1 parent and child(ren))
<input type="checkbox"/>	\$775	Individual membership
<input type="checkbox"/>	\$825	Introductory family membership 2009-2010
<input type="checkbox"/>	\$475	Introductory individual membership 2009-2010
<input type="checkbox"/>	---	I/We cannot afford to pay the minimum commitment at this time. I will contact Alan Koplán @ 508-746-3181 for a confidential conversation regarding dues abatement.

My/Our annual commitment will be:		\$
Mandatory Building Fund pledge for families is \$100 per year for the first five years. A one-time commitment of \$500 payable over 5 years is assessed on all new members		\$
Mandatory Building fund for single parent families is \$66.60 per year for the first five years. A one-time commitment of \$333 payable over 5 years is assessed on all new members		\$
Mandatory Building fund for individual members is \$50 per year for the first five years. A one-time commitment of \$250 payable over 5 years is assessed on all new members		\$
My/Our total commitment for the year:		\$

Payment Plan (please indicate your preference):

<input type="checkbox"/>	Payment in full enclosed: \$ _____ <input type="checkbox"/> Cash, <input type="checkbox"/> Check, <input type="checkbox"/> Credit card (fill in your credit card information below)	\$
<input type="checkbox"/>	Partial payment of \$ _____	\$
Preferred payment schedule: Annually Bi-Annually Quarterly Monthly		
<input type="checkbox"/>	Religious School fees, where applicable, are additional. Please send me a school form.	
We also now accept major credit cards if payments are more than \$500 each		
Credit Card type:	Card number	Name on card
<input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard		Expiration date
		Security code

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

Printed name - head of household

Printed name – spouse/partner

Signature

Signature

Date signed

Date signed

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:

Male	Female	
		Adult Education
		Brotherhood
		Budget & Finance
		Building & Grounds
		Fund Raising
		Membership
		Newsletter / Website
		Parent/Teacher Organization
		Publicity
		Religious School Education
		Ritual
		Sisterhood
		Social Action
		Social Programs
		Telephone Tree
		Youth Group
		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 deposit made out to Congregation Beth Jacob to:
 Congregation Beth Jacob
 ATTN: Membership
 P.O. Box 3284
 Plymouth, MA 02361**

Contact Sheila Finer @ (508) 224-6461 or Alyce Gladstein @ (508) 209-0744 with any questions