

BNAI JACOB SHAAREI ZION CONGREGATION
6600 Park Heights Avenue Baltimore, Maryland 21215
Tel. 410-764-6810 Fax 410-358-2631 E-mail: office@bjsz.org

2017 -2018 Membership Information Form

*Please complete this form and include information for all family members as applicable.
Return the completed form by mail, fax, or e-mail with your updated information.*

Date: _____

Contact Information – Please Print

Names(s) including title(s): _____

Address: _____

City, State, Zip : _____

Phone: _____ Cell: _____

Add my name to the Shul E-mail list: Yes _____ No _____

Your E-mail: _____

Spouse E-mail: _____

Family Information:

Please list legal name, Hebrew name, and date of birth of all family members residing at home:

Membership Dues: (July through June) please circle one

Family: \$744/ \$62 monthly Seniors: \$588 /\$49 month

Individual: \$450/ \$37.50monthly Associate Member \$300/\$25 month

Young Members (individual/couple) under 35 - \$450/\$37.50 month

under 30 - \$360/\$30 month

****Supporting Membership**:** \$1,200

Aliyah Information: ___ Kohein ___ Levi ___ Yisroel

Hebrew Name (e.g. Moshe ben Chaim): _____

Bar Mitzvah Parsha: _____

Please list complete Hebrew names of all living relatives you would like the Gabbaim to mention in "Mi Shebeirach" when you are called to the Torah:

Yahrzeit Information:

English Name Hebrew Name Hebrew Date Relationship

Thank You!