

BNAI JACOB SHAAREI ZION CONGREGATION

6600 Park Heights Avenue Baltimore, Maryland 21215

Tel. 410-764-6810 E-mail: office@bjsz.org

2023-2024 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: \$840/ \$70 month Seniors (couple): \$672 /\$56 month

Individual: \$540/ \$45-month Senior Individual: \$432/ \$36 month

Young Members (individual/couple) under 35 - \$540/\$45 month

Young members under 30 - \$456/\$38 month

Associate Membership \$408/\$34 month

****Supporting Membership**:** \$1,800/\$150/ month

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thank You!