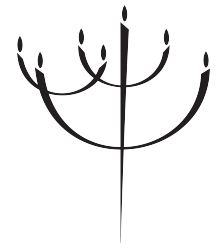


Membership Application and Commitment Form

Congregation B'nai Israel 3600 Riverside Blvd. Sacramento, CA 95818 - ph: 916-446-4861



We are delighted that you are choosing to be part of our community. This information you provide enables us to find ways to enrich your experience with us. All information will be treated in a confidential manner.

Today's Date: _____

FAMILY AND MAILING INFORMATION			
Name(s) to be used for mailings:			
Mailing address:			
City:	State:	ZIP:	Preferred Phone(s)
Personal Status:	Partners Y ___ N ___ Interfaith? Y ___ N ___	Anniversary (date) _____	Single ___ Divorced ___ Widowed ___
Email(s) for mailings:			
How long have you lived here?		Are there non-members in your home? Relationship?	
Does anyone in your household need special accommodations? Please describe:			
We have several email options to enable you to stay connected with CBI activities. We will email each of these to you unless you opt out:			
A. Yes ___ No ___	A. The Chadashot: a weekly summary of upcoming events and activities:		
B. Yes ___ No ___ Yes ___ No ___	B. Membership life cycle notices (births, deaths, etc.) May we include your email and address for members to send you congratulations/condolences?		
C. Yes ___ No ___	C. Adult Education classes		
D. Yes ___ No ___	D. Social Justice events		
E. Yes ___ No ___	E. The Koleinu: the CBI newsletter is distributed by email (automatically). Would you like to receive it by standard mail as well?		
Would you like to be matched with a mentor family? Y ___ N ___			
ADULT APPLICANT 1 MALE ___ FEMALE ___ NON-BINARY ___ PREFERRED PRONOUN _____			
Full Name (and Title):			
Hebrew Name (if known):			
Birth date:	cell phone:	email:	
Address if not mailing address			
Occupation/Title:			
Employer:		Business phone/email:	
RELIGIOUS BACKGROUND:			
Tradition in which you were raised: Reform ___ Conservative ___ Orthodox ___ Jewish unaffiliated ___ Other: _____			
If you converted to Judaism, what city, congregation and date?			
If you had a bar/bat mitzvah, what city, congregation and date?			
If you were confirmed in the Jewish faith, what city, congregation and date?			
Do you read Hebrew? Y ___ N ___	Do you chant Torah? Y ___ N ___	Were you previously a member of CBI? If so, when?	
If you have relatives at CBI, who are they and what is their relationship to you?			

ADULT APPLICANT 2		MALE ___	FEMALE ___	NON-BINARY ___	PREFERRED PRONOUN _____
Full Name (and Title):					
Hebrew Name (if known):					
Birth date:		cell phone:		email:	
Address if not mailing address					
Occupation/title:					
Employer:				Business phone/email:	
RELIGIOUS BACKGROUND:					
Tradition in which you were raised: Reform ___ Conservative ___ Orthodox ___ Jewish unaffiliated ___ Other _____					
If you converted to Judaism, what city, congregation and date?					
If you had a bar/bat mitzvah, what city, congregation and date?					
If you were confirmed in the Jewish faith, what city, congregation and date?					
Do you read Hebrew? Y ___ N ___		Do you chant Torah? Y ___ N ___		Were you previously a member of CBI? If so, when?	
If you have relatives at CBI, who are they and what is their relationship to you?					
CHILDREN INFORMATION (ATTACH ANOTHER PAGE FOR ADDITIONAL CHILDREN)					
Child 1		Male ___ Female ___		Non-Binary ___ Preferred Pronoun _____	
Full Name:					
Hebrew Name (if known):					
Birth date:		cell phone:		E-mail:	
Address if different:					
Is this child being raised in the Jewish faith? Y ___ N ___		Is this child attending Shalom School? Y ___ N ___		Will this child attend CBI Religious School? Y ___ N ___	
Last religious school attended?					
Name of/grade in secular school or college:					
Bar/bat mitzvah date, congregation, city:					
Confirmation date, congregation, city:					
I					
Child 2		Male ___ Female ___		Non-Binary ___ Preferred Pronoun _____	
Full Name:					
Hebrew Name (if known):					
Birth date:		cell phone:		email:	
Address if different:					
Is this child being raised in the Jewish faith? Y ___ N ___		Is this child attending Shalom School? Y ___ N ___		Will this child attend CBI Religious School? Y ___ N ___	
Last religious school attended?					
Name of/grade in secular school or college?					
Bar/bat mitzvah date, congregation, city:					
Confirmation date, congregation, city:					

Child 3 Male ___ Female ___ Non-Binary ___ Preferred Pronoun _____			
Full Name:			
Hebrew Name (if known):			
Birth date:	cell phone:	email:	
Address if different:			
Is this child being raised in the Jewish faith? Y ___ N ___	Is this child attending Shalom School? Y ___ N ___	Will this child attend CBI Religious School? Y ___ N ___	Last religious school attended?
Name of/grade in secular school or college:			
Bar/bat mitzvah date, congregation, city:			
Confirmation date, congregation, city:			

Yahrzeit Information

To receive reminders of Yahrzeit dates (the anniversary of a death), please list information below. You will receive a reminder before the date of each Yahrzeit. Names of the departed are read during the Friday evening and Saturday morning service following the anniversary of death. (attach a sheet for additional names)

Do you want to be reminded on the Secular _____ or the Hebrew _____ date?

Name:	Family relationship:	Date of death:

Cemetery Information

Do you own a cemetery plot, mausoleum, crypt or niche? Yes___ No___

If yes, location: _____

Would you like information about Home of Peace, the Jewish cemetery in Sacramento? Yes___ No___

Is there anything else you would like to tell us? A preferred nickname? A spiritual interest?

Signature: _____ Date _____

<https://www.cbisacramento.org/form/2021-2022-cbi-member-commitment--rs-tuition.html>

Please note that no one will be denied membership based on finances and all communications regarding finances are held in strict confidence.

Adult Applicant 1	
Email and phone #	
Adult Applicant 2	
Email and phone #	

Beginning in the second year of membership, each CBI member household is assessed a Building Fund Pledge amounting to 1 ½ times the initial membership commitment. This amount is spread over five years. The Building Fund is specifically for the ongoing maintenance and repairs of our buildings. Please contact the Executive Director for more information.

Your generosity makes it possible for us to affirm our commitment to provide membership and Jewish education to all. The **suggested** levels are shown in the grid below.

If you pay at the full suggested contribution level you may gift a free membership for one year to a family or individual who is not currently a member, or affiliated with another congregation.

If you have been gifted a membership, please check the box at the bottom of this form and provide the name of the member who did the gifting. Thank you.

Membership Commitment Levels			
Nasim (Leaders)	\$8,000	Family Membership	\$2,950
Giborim (Heroes)	\$7,000	Single Membership	\$2,070
Malachim (Angels)	\$6,000	Senior Family (limited income)	\$1,590
T'zadikim (Righteous Ones)	\$5,000	Senior Single (limited income)	\$1,250
Shomrim (Guardians)	\$4,000	Associate	\$520
Bonim (Builders)	\$3,500	Friends of CBI (available to households who live outside of the area serviced by the Jewish Federation of Sacramento Region)	\$180
<i>I/We have been gifted a FREE one year membership by: _____</i>			
My membership commitment:			\$
<i>Optional affiliate membership</i>			
ARZA: (Association of Reform Zionists of America)			\$50
Total:			
Signature:			Date:

Payment Details

Electronic Funds Transfer Authorization for July 1, 2021 - June 30, 2022

Based on the total calculated, I authorize Congregation B'nai Israel to transfer the total on the preceding page by EFT:

Annually
 Biannually
 Quarterly
 Monthly, on the _____ day of the month (or the next business day)

Signature:

Date:

Member Name:

Attached is a voided check

VISA or Mastercard Authorization for July 1, 2021 - June 30, 2022:

Based on the total calculated, I authorize Congregation B'nai Israel to transfer the total on the preceding page by credit card:

Annually
 Biannually
 Quarterly
 Monthly, on the _____ day of the month (or the next business day)

Signature:

Date:

Name on card:

Card number:

3 digit security code:

Expiration:

CBI must pay a 3% fee on each credit card transaction. To enable CBI to benefit from the full amount of my gift, I will contribute an additional 3% to each authorized payment.

Yes
 No
Initial here: _____
Date: _____

Statements: I wish to receive my monthly statement: (Statements are also available when you log into cbisacramento.org/members/my-billing.php)

By Mail
 By Email

On-line payments are also available. See cbisacramento.org for details or contact our bookkeeper at bookkeeper@bnais.com.

The L'dor V'dor program is comprised of congregants who have included CBI in their estate planning to help provide a stable foundation for the future of our community. If you would like information about this planned giving program, please check "yes." A member of our planned giving team will contact you.

Yes, Please tell me more about L'dor V'dor.