



Membership Application

We are delighted that you are choosing to be part of our community. Please complete this form and a Membership Pledge form. This information enables us to find ways to enrich your experience with us. All information will be treated in a confidential and respectful manner. Your information will be shared with the appropriate staff and committee chairs.

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 ___ Anniversary (date) _____ Interfaith? Y ___ N ___		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 ___	B. Yes ___ No ___	A. The Chadashot: a weekly summary of upcoming events and activities:	
Yes ___ No ___	Yes ___ No ___	B. Membership life cycle notices (births, deaths, etc.)	
C. Yes ___ No ___	C. Yes ___ No ___	May we include your email and address for members to send you congratulations/condolences?	
D. Yes ___ No ___	D. Yes ___ No ___	C. Adult Education classes	
E. Yes ___ No ___	E. Yes ___ No ___	D. Social Justice events	
		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:									
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 _____

Congregation B'nai Israel

3600 Riverside Blvd. Sacramento, CA 95818 Phone: 916-446-4861 Fax 916-446-2875

Membership Commitment (July 2023 - June 2024)

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

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

No one will be denied membership based on finances. All communications regarding finances are strictly confidential.

Membership Commitment Levels			
Nasim (Leaders)	\$8,000	Family Membership	\$3,250
Giborim (Heroes)	\$7,000	Single Membership	\$2,285
Malachim (Angels)	\$6,000	Senior Family (limited income)	\$1,750
T'zadikim (Righteous Ones)	\$5,000	Senior Single (limited income)	\$1,380
Shomrim (Guardians)	\$4,000	Associate	\$575
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
Other (please designate)			

My membership commitment:	\$
<i>Optional affiliate membership:</i>	
Arza: (Association of Reform Zionists of America)	\$50
Total:	
Signature:	Date:

Payment		
Electronic Bank Payments <u>must</u> be set-up by member		
VISA or Mastercard Authorization for July 1, 2023 - June 30, 2024:		
Based on the total calculated, I authorize Congregation B'nai Israel to transfer the total on the preceding page by credit card:	<input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Quarterly <input type="checkbox"/> 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.		<input type="checkbox"/> Yes <input type="checkbox"/> 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)		<input type="checkbox"/> By Mail <input type="checkbox"/> By Email
On-line payments are also available. See cbisacramento.org for details		
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.		<input type="checkbox"/> Yes, Please tell me more about L'dor V'dor.