

CBS MEMBERSHIP COMMITMENT 2019-2020

CONFIDENTIAL

Please complete all 3 pages

Current Member

New Member

Returning Member

Name (s) (1) _____ (2) _____

Directions – Please indicate your choice for each Section below and sign and date the form and provide full payment option information. The financial commitment form must be returned to the CBS office by **June 15, 2019** via email, US mail or dropping it off to the office at **1455 Elm Street, Napa, CA 94559**.

For the membership year 2019/2020, the Board of Trustees has set the dues participation levels as follows:

Section 1 - Membership Dues (Required)

Full membership - \$1,200 multiplied by the number of adults/household

_____ Adults x \$1,200 Total \$ _____

Shorashim Membership – (for families with 1 or more children who are 6 years or younger).

Eligibility is determined each year and is for a maximum of 3 years.

_____ Adults x \$800 Total \$ _____

Associate Membership (for households that do not have their primary residence in Napa, Sonoma or Solano Counties. Associate Members do not have voting rights.)

_____ \$800/Household Total \$ _____

** Special Arrangement – (Please contact Ellyn Elson to set up arrangement- see below)*

Section 2 - Shabbat Oneg Assessment (Required)

- Households choosing **not** to host an Oneg – Pay \$72 Total \$ _____
- I/We **will** personally host an Oneg (check box)

Section 3 - Building and Maintenance Fund Assessment (Required)

- \$100 (One adult), \$200 (Two or more Adults) Total \$ _____

Section 4 - Security Assessment Fee (Required)

- \$100 (One Adult), \$200 (Two or more Adults) Total \$ _____

Section 5 - Additional Contributions - Chai Circle (\$1000 or more)

Total \$ _____

Total Amount Due \$ _____

*It is understood the Congregation Beth Shalom Membership commitment is an annual financial obligation for the fiscal year **June 1, 2019 through May 31, 2020** to retain my/our full membership status. A member may not be more than **90** days in arrears. If membership is withdrawn during the year, I/we assume responsibility for full payment of any remaining balance. ** If any member is experiencing a financial hardship, special arrangements may be made by contacting Ellyn Elson, CBS Board President, at: ellynelson115@gmail.com*
Thank you for your support.*

Signature: _____

Date: _____



Please choose from one of the two payment options below:

- Option 1** - Payment in full with a check or credit card *
- Option 2** - Payment Management: You manage how often you wish to remit your outstanding balance.

We accept checks or major credit cards. * Payment options are listed below. You may also make your payment online through our website at: <https://www.cbsnapa.org/payment.php>

- Monthly (6/15/19 to 5/15/20) Two installments (6/15 & 12/15) Four Installments
(6/15, 9/15, 12/15, 3/15)

Method of Payment:

Check - Amount \$ _____

Credit Card - Visa/MasterCard/Amex/Discover Card number _____

Exp. Date _____ Security Code _____

Online Payment at: <https://www.cbsnapa.org/payment.php>

For Credit Card accounts:

Signature _____ Date _____

**** Transaction fee applied to all credit card payments***

CBS Directory Information

Current Member _____

New Member _____

Returning Member _____

(Please Fill Out **ALL INFORMATION** Below)

Adult 1 Name _____ **Adult 2** Name _____

Home Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different) _____ City _____ State _____ Zip Code _____

Wedding Anniversary M _____ D _____ Y _____

Adult 1

Home Phone: _____

Cell Phone: _____

Email: _____

Birthday: M _____ D _____ Y _____

Adult 2

Home Phone: _____

Cell Phone: _____

Email: _____

Birthday: M _____ D _____ Y _____

Children (under the age of 26 living at home)

Name: _____

Birthdate: M _____ D _____ Y _____

Name: _____

Birthdate: M _____ D _____ Y _____

Name: _____

Birthdate: M _____ D _____ Y _____

Name: _____

Birthdate: M _____ D _____ Y _____

The above information will be used for the 2019-2020 CBS Member Directory which is only provided to members.

Anniversary and Birthdate years are not used (only the actual month and day) but we are requesting it all!

If there is any information you would like OMITTED from the directory, please denote on the lines below and that information will only be seen by the Rabbi and the Synagogue Administrator. If you would like to include your picture please email it to maxine@napanuts.com

Yahrzeit information

Name	Relationship	Date of Death (secular or Hebrew)

All information is for Congregation Beth Shalom members only and **cannot be used for solicitation purposes**