



CONGREGATION
בית יעקב
BETH JACOB

Dear Prospective Member,

We welcome your interest in joining the Congregation Beth Jacob community. We look forward to meeting you and getting to know you.

As you consider affiliating with Beth Jacob, we know you will discover that it is a vibrant, caring congregation. We pride ourselves on the opportunities that exist for prayer, study, community, and involvement for all ages.

Enclosed is introductory information, along with a membership application. Please contact the synagogue office at 650-366-8481 or cbj@bethjacobrwc.org to schedule an appointment for us to get acquainted as you consider joining our synagogue family.

If, as you read through our materials, you would like more information on any of the programs, please call the office to set up an appointment; we welcome the opportunity to meet with you.

Sincerely,

Rabbi Nathaniel Ezray

Bill Futornick

Eric Stone

Ritual Director

Executive Director



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 BETH JACOB

1550 Alameda de las Pulgas, Redwood City, CA 94061
 Phone 650-366-8481 Fax 650-366-4629

MEMBERSHIP APPLICATION

The Board of Directors and congregants of Congregation Beth Jacob would like to welcome you to our congregation. This application form has been designed to collect important information about your family and will help us better serve your spiritual and educational needs. Please fill out the entire questionnaire and submit it to the office. Thank you for choosing Congregation Beth Jacob.

PERSONAL DATA

Member #1	Member #2
Name _____	Name _____
Home Address _____	Home Address _____
City _____ State/Zip _____	City _____ State/Zip _____
Home Phone _____	Home Phone _____
e-mail _____	e-mail _____
Fax _____ Birth date _____	Fax _____ Birth date _____
Business/Profession _____	Business/Profession _____
Business Phone _____	Business Phone _____
Marital Status __M Anniversary Date _____	____D ____W ____S

CHILD INFORMATION

Name	Birth Date	Grade/School
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____

Please let us know if your child has a different address, or has their own e-mail address.

How did you hear about Beth Jacob?

Why did you decide to affiliate with Beth Jacob?



Yahrzeit Information

Please list the names and dates of those Yahrzeits (yearly remembrances of the deaths of loved ones) you wish to remember. This information will be recorded in Beth Jacob's permanent Yahrzeit records. A reminder notice will be sent out annually before the Yahrzeit according to the Hebrew date, and your loved one's name will be listed in our bulletin and read at services on the corresponding Shabbat.

Name	Relationship	Remembered By	Month/Day/Year of Death*

*The Yahrzeit will be observed on the Hebrew date. If you provide the English date, we will determine the corresponding Hebrew date.

Interest Areas

Please indicate if you are interested in our Beth Jacob volunteer opportunities.

Tefillah (Prayer)

- High Holy Day Ushering
- Leading Services, Chanting Torah/Haftarah
- Passover Seder
- Religious Practice Committee
- Rockin' Shabbat
- Second Friday Speaker Series
- Young Family Shabbat

Talmud Torah (Study)

- Adult Education
- Scholar-in-Residence

No'ar (Youth)

- College Connection
- Community Service Projects
- Preschool Committee
- Religious School Committee
- Special-Needs Education
- Youth and Teen Committee

Tikun Olam (Social Action)

- Beth Jacob Cares
- Environmental Initiative
- Interfaith Hospitality Network
- Israel Action Committee

Kehillah (Community)

- Book Fair
- Chanukah Faire
- Gala
- Minyan Picnic
- Membership Committee
- Men's/Women's Group
- Purim Carnival

Administration, Facilities, Lay Leadership

- Board Service
- Buildings/Grounds Committee
- Communications
- Finance Committee
- Grant Applications
- Kitchen
- Office Help
- Volunteer Recruiting
- Website Maintenance

Other Interest Areas Not Listed:



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Dues Policies

Dues at Congregation Beth Jacob are based upon a “fair share” program. Fair share is defined as 1.5 percent of adjusted gross income (AGI). Dues are adjusted annually in accordance with the congregation’s annual budget as approved by the Board of Directors. Members agree to review their commitments annually and to adjust them based on changes in their means.

Congregation Beth Jacob never refuses membership to anyone because of inability to pay.

In cases where standard fair-share dues present a hardship, application can be made to the Executive Director for consideration by the Administration Committee, which will be completely confidential and private. Members receiving this consideration are expected to return to the standard dues structure once the hardship is removed.

Dues payments may be made by:

- paying the entire year’s dues in July (or when joining) – by check, credit card, or stock transfer
- paying monthly – by credit card
- paying quarterly – by check or credit card
- paying semi-annually – by check or credit card

A Building Maintenance Fee of \$100 per household per year will be added to your dues.

The synagogue’s dues year runs from July 1 to June 30. If you join before the High Holy Days, you will receive High Holy Day tickets, and payment of the full first year’s dues is expected. If you join after the High Holy Days, your first year’s dues will be pro-rated to the nearest quarter.

We have instituted recognition levels to specially acknowledge those generous Beth Jacob members whose total annual commitment meets or exceeds the following:

Platinum:	\$15,000
Gold:	\$10,000
Silver:	\$7,500
Bronze:	\$5,000
Double-Chai	\$3,600

Annual commitment for purposes of the recognition levels consists of dues and Religious School tuition. Those committing to one of these levels are acknowledged on the High Holy Days.

Please complete and return the attached Dues Agreement. We thank you for your generosity and look forward to your participation in Congregation Beth Jacob.



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Dues Agreement

I/we _____ hereby apply for membership in Congregation Beth Jacob, and as entering member(s), I/we agree to comply with the By-laws of the Congregation. I/we have read the congregation's Dues Agreement rate structures and agree to establish my/our financial obligation as follows:

Annual Dues: \$ _____

To Be Paid:

- Annually
- Quarterly
- Semi-Annually
- Monthly

I/we understand that a Building Maintenance Fee of \$100 per household per year will be added to my/our dues.

Amount Enclosed \$ _____ (attach check or Visa/MasterCard details)

If paying by credit card, I/we authorize you to charge the same credit card for future dues and Building Maintenance Fund payments as they come due. (Check here.) _____.

Signature of Applicant(s):

Name: _____ Date: _____ Home Phone: _____

Name: _____ Date: _____