



Dear Prospective Member:

Thank you for expressing interest in becoming a member of Congregation Beth Abraham-Jacob in Albany, NY. Enclosed you will find a membership application and a statement of the current year dues for Full Membership and Associate Membership.

For your application to be processed, please complete and return all five (5) pages of the membership application as well as the appropriate statement (Full or Associate). Your application must be accompanied by a check for annual dues. Once your application and check are received, your application will be reviewed by the Rabbi. All applications are then subject to approval by the Board. In the unlikely event that your membership is not accepted, your check will be returned to you.

Thank you again for your interest. We look forward to seeing you at Congregation Beth-Abraham Jacob on many occasions.

Should you have any questions, please contact us at cbaj-albany@nycap.rr.com, or contact us through the synagogue office.

Sincerely,

Victoria Geiger
 Alan Geiger
 Co-Presidents

MOSHE E. BOMZER
 Rabbi

Victoria and Alan Geiger
 Co-Presidents



A modern orthodox
 synagogue affiliated with
 the Orthodox Union

Membership Information

Date _____

Member Name _____

Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Current/Recent Synagogue Membership(s) _____

Personal Information

Member: Hebrew Name _____ Birthday _____

Hebrew Name (Transliteration) _____

Kohen __ Levi__ Israel__

E-mail Address _____

Occupation _____

Spouse: Hebrew Name _____ Birthday _____

Hebrew Name (Transliteration) _____

Kohen __ Levi__ Israel__

E-mail Address _____

Occupation _____

Family Information

Marital Status: *Married* ___ Date of Marriage _____

Single ___ *Widowed* ___ *Divorced* ___

Member's Father's Name
*Hebrew Name** _____
English Name _____

Spouse's Father's Name
*Hebrew Name** _____
English Name _____

Member's Mother's Name
*Hebrew Name** _____
English Name _____

Spouse's Mother's Name
*Hebrew Name** _____
English Name _____

* Please transliterate names into English text.

Children

Name	Sex	Date of Birth	Bar/Bat Mitzvah Date	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Membership Directory/Shul Email List

We would like to include your information in the community email list and future membership directories. Please check below if you do not want this information available to our members (list will not be shared with other organizations).

- Do not include our contact information
- Do not include us on the community email list
- Other _____

Synagogue Committees & Affiliate Organizations

Please indicate in which committees and organizations you are interested in becoming involved:

- Administrative (help with mailings, phone calls, etc.)
- Bingo
- Building and Grounds (help maintain CBAJ physical facilities)
- Technology (email list, website, computer maintenance and support)
- Communications (help with the bulletin and announcements)
- Hospitality
- Youth/NCSY
- Adult Education
- Fundraising
- Membership
- Project Chesed
- Bikkur Cholim (visiting the sick)
- Chevra Kadisha (burial society)
- Preschool*
- Vaad HaKashruth*
- Eruv Checking*
- Mikvah*

* Affiliated organization

Yahrzeit Information

For additional entries, please attach a separate sheet containing the following information.

Member: Name _____ Hebrew Date of Death _____

 Month Date
 Year

English Date of Death _____

 Month Date
 Year

Hebrew Name _____
 Transliteration _____
 Relationship to you _____

Member: Name _____ Hebrew Date of Death _____

 Month Date
 Year

English Date of Death _____

 Month Date
 Year

Hebrew Name _____
 Transliteration _____
 Relationship to you _____

Spouse: Name _____ Hebrew Date of Death _____

 Month Date
 Year

English Date of Death _____

 Month Date
 Year

Hebrew Name _____
 Transliteration _____
 Relationship to you _____

Spouse: Name _____ Hebrew Date of Death _____

 Month Date
 Year

English Date of Death _____

 Month Date
 Year

Hebrew Name _____
 Transliteration _____
 Relationship to you _____

Please attach additional pages if needed.

Family History

The following information is **confidential** for the Rabbi's review. For the following questions, please note that "family member" includes you (member), spouse, unmarried children, parents, and grandparents. In the event that the answer is "yes" to any question, we ask that you provide relevant details and attach appropriate documentation to the application. If you have any questions, please contact the Rabbi.

1. Have there been any conversions in your family?

2. Have there been any adoptions in your family?

3. Have there been any divorces in your family?

Congregation Beth Abraham-Jacob
Full Membership Statement
Membership effective July 1, 2009 through June 30, 2010

NAME _____ E-mail Address _____

Full Membership

- Family Membership**.....\$1,200.00 _____
- Single Adult Membership**.....\$ 600.00 _____
- Full-Time College Student**.....\$ 100.00 _____

Additional High Holiday Seat Reservations

Membership entitles your immediate family to High Holiday seats free of charge. We invite you to bring additional guests to share the High Holidays with us. We kindly request that you reserve additional seats at the cost of \$50.00 per seat.

- Non-member High Holiday Seats**.....\$50/seat x # seats = \$ _____

Youth Shabbat Programming

Providing substantial Shabbat and Holiday programming for our youth is one of the most important services we can provide as a congregation. Whether or not you have children, please help us support our Jr. Congregation and Torah Tots programs. We are asking for a donation of your choosing.

- Youth Shabbat Programming**..... \$ _____

Synagogue Membership OU

- OU Synagogue Membership fee**.....\$10.00 \$ _____
- KIDDUSH FUND (For weeks where we have no sponsor)** \$ _____
COST OF SPONSORED KIDDUSH.....\$150.00 and up

PAYMENT SCHEDULE

The entire fees are due by September 15th. If you cannot remit the full amount at this time, we kindly request that you remit at least 30% of the total owed and plan to pay off the balance in regular installments from October 2009 – June 2010.

Total Owed.....\$ _____

Amount Enclosed.....\$ _____

Remaining Balance..... \$ _____

Please make checks payable to Congregation Beth Abraham-Jacob

Congregation Beth Abraham-Jacob
Associate Membership Statement
Membership effective July 1, 2009 through June 30, 2010

NAME _____ E-mail Address _____

Full Membership

- Associate Family.....\$600.00 _____
- Single Adult Associate Membership.....\$400.00 _____

Voluntary Contributions

Orthodox Union (OU)

- Please accept my contribution and add me to the OU mailing list.....\$10.00 _____
- Non-member High Holiday Seats.....\$50/seat x # seats = \$ _____

Youth Services

Providing substantial Shabbat and Holiday programming for our youth is one of the most important services we can provide as a congregation. Whether or not you have children, please help us support our Jr. Congregation and Torah Tots programs. We are asking of a donation of your choosing.

- Youth Shabbat Programming.....\$ _____
- KIDDUSH FUND (For weeks where we have no sponsor)\$ _____

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