



P.O. Box 1013 • Turnersville, NJ • 08012
 856-589-6550 - www.cbtbi.org
 Rabbi Michael Fessler and Rabbi Miriam Hyman

Mail All Forms and Checks to:
 Debbi Ret
 P.O. Box 313, Landisville, NJ 08326

NEW MEMBER INFORMATION 2010-2011

ברוכים הבאים (Be-ru-chim Ha-ba-im) Welcome!

**We are so pleased that you will be joining Congregation B'nai Tikvah-Beth Israel at
 115 E. Holly Ave., Sewell, NJ, 08080
 We look forward to getting to know you.**

Members' Names		
Full Hebrew Names Please provide English names if Hebrew names not known.	_____ ben/bat _____ v' _____ yours father's mother's	_____ ben/bat _____ v' _____ yours father's mother's
When calling me to the Torah (circle one)	<input type="checkbox"/> Use only my father's Hebrew name <input type="checkbox"/> Use both parents' Hebrew names	<input type="checkbox"/> Use only my father's Hebrew name <input type="checkbox"/> Use both parents' Hebrew names
Note: Traditionally, people were called up to the Torah using only the father's Hebrew name, while the mother's Hebrew name was used in prayers for healing. Many contemporary Jews now choose to include both parents' names when being called to the Torah.		
Birth Date		
Wedding Anniversary		
Mailing Address		
Home Phone		
Occupation		
Employer		
Business Phone		
Cell phone number (urgent use only):		
Current E-Mail Addresses:		
Contact preferences:	<input type="checkbox"/> Include email address in membership lists <input type="checkbox"/> This is the best email address to use for CBT-BI bills and fliers	<input type="checkbox"/> Include email address in membership lists <input type="checkbox"/> This is the best email address to use for CBT-BI bills and fliers
Men's Club	<input type="checkbox"/> I want to join Men's Club [Please enclose a separate check for \$50.00 payable to CBT-BI Men's Club]	
Sisterhood	<input type="checkbox"/> I want to join Sisterhood [Please enclose a separate check for \$36.00 payable to CBT-BI Sisterhood]	
PTO	<input type="checkbox"/> I/We would like to join the Parent Teacher Organization [Please enclose a separate check for \$15 per family, payable to CBT-BI PTO]	
Gift Cards (check one)	<input type="checkbox"/> I currently support CBT-BI's Gift Card Fundraiser OR <input type="checkbox"/> I need more information on how to support this Fundraiser	
Please sign here if we may not use pictures of your family at Congregation B'nai Tikvah-Beth Israel events for our publicity materials:		

Yahrzeit (anniversary of the death of a loved one) **Information:**

Name (English)	Relationship (eg., father) to Which Member	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to this form, **please also fill out the following forms** and return them to the address above:

- 1. Financial Form**
- 2. Participation Form**
- 3. Hebrew School Data Form, if you have children attending Hebrew school this coming year.**

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**Please list information for children in college or younger children NOT attending Hebrew School below:**

- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address if Different: \_\_\_\_\_  
Check one:  Preschooler  Midrashah Student  Eligible for BBYO (grades 9-12)  College Student
- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address if Different: \_\_\_\_\_  
Check one:  Preschooler  Midrashah Student  Eligible for BBYO (grades 9-12)  College Student
- Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address if Different: \_\_\_\_\_  
Check one:  Preschooler  Midrashah Student  Eligible for BBYO (grades 9-12)  College Student

**We hereby apply for membership in Congregation B'nai Tikvah – Beth Israel and agree to abide by all the rules and requirements of the Congregation.**

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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