



MEMBERSHIP RENEWAL FORM 2011-2012

Members' Names:

_____ & _____
First Last First Last

Name of non-Jewish Spouse if applicable: _____

Check if you do **not** consent to using pictures of your family at CBT-BI events for our publicity materials

I want to join Men's Club [Please enclose a separate check for \$50 payable to CBT-BI Men's Club]

I want to join Sisterhood [Please enclose a separate check for \$36 payable to CBT-BI Sisterhood]

I/We would like to join the Parent Teacher Organization [Please enclose a separate check for \$15 per family, payable to CBT-BI PTO]

You may enter all the information below or only corrections and additions to personal information on file:

Hebrew Name: _____ ben/bat _____ v' _____
yours father's mother's

Spouse's

Hebrew Name: _____ ben/bat _____ v' _____
yours father's mother's

When calling me to the Torah (Check one):

Use only my father's Hebrew name Use both parents' Hebrew names

When calling me (spouse) to the Torah (check one):

Use only my father's Hebrew name Use both parents' Hebrew names

Mailing Address: _____

Home Phone #: _____

Cell Phone #: _____

Spouse's Cell Phone #: _____

Business Phone#: _____

Spouse's Business #: _____

E-Mail Address: _____

Spouse's E-Mail Address: _____

Include email address in membership lists

Include email address in membership lists

Include email in CBT-BI fliers

Include email in CBT-BI fliers

Occupation: _____ Employer: _____

Spouse Occupation: _____ Employer: _____

Please list information for children in college or younger children NOT attending Hebrew School below: (List status as: preschooler, Midrashah student, BBYO eligible (grades 9-12), College student)

1. Name: _____ Birthdate: _____ Status: _____

2. Name: _____ Birthdate: _____ Status: _____

If you have lost a loved one in the past year, please contact Harold Aronovitch at haronovitch@hotmail.com or (856) 589-1635 to ensure that our Yahrtzeit list is up to date.

Please list other information the temple should be aware of or other changes including additional non-Hebrew school children on the back if needed.

**Mail All Forms and Checks to:
 Debbi Ret, PO Box 313, Landisville, NJ 08326**