



MEMBERSHIP RENEWAL FORM 2016-2017

- **If any contact, personal, or yahrzeit information has changed since last year, please update the form as needed.**
- **If all the information is the same, please just complete the first section and return with your dues.**

Members' Names:

_____ & _____
First Last First Last

Name of non-Jewish Spouse if applicable: _____

- Check if you do **not** consent to CBTBI using pictures of your family at CBTBI events for our publicity materials
- Check if you do **not** consent to having your contact information shared with Membership
- I want to join Men's Club [Please enclose a separate check for \$50 payable to CBTBI Men's Club]
- I want to join Sisterhood [Please enclose a separate check for \$45 payable to CBTBI Sisterhood]
- I/We would like to join the Parent Teacher Organization [Please enclose a separate check for \$15 per family, payable to CBTBI PTO]

You may enter 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

Birthdate: _____ Spouse's Birthdate: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Spouse's Cell Phone #: _____ ***Please note which is your primary contact number** _____

E-Mail Address: _____ Spouse's E-Mail Address: _____

Preferred method of Communication (Check one): Email Phone Postal Mail Text

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

(List status as: preschooler, BBYO eligible (grades 9-12), College student)

1. Name: _____ Birthdate: _____ Status: _____

2. Name: _____ Birthdate: _____ Status: _____

Mail All Forms and Payment as soon as possible to: Steve Blocher, c/o CBTBI, PO Box 1013, Turnersville, NJ 08012