

Congregation B'nai Jacob

401 Ninth Street
Brooklyn, N.Y. 11215

718.832.1266
Email: cbjparkslope@gmail.com
www.cbjparkslope.org



Membership / 5784

PLEASE FILL OUT THE FOLLOWING INFORMATION

NAME (FIRST AND LAST)		SPOUSE/HOUSEHOLD MEMBER NAME (FIRST AND LAST)	
HOME ADDRESS - STREET, APARTMENT NO., CITY, STATE, ZIP		PLEASE INDICATE (FOR ALIYAH) <input type="checkbox"/> COHEN <input type="checkbox"/> LEVI <input type="checkbox"/> YISRAEL	
EMAIL ADDRESS	PHONE		

HEBREW NAMES OF PARENTS OF ADULT APPLICANTS (if known)

APPLICANT 1 FATHER	APPLICANT 2 FATHER
APPLICANT 1 MOTHER	APPLICANT 2 MOTHER

PLEASE INDICATE PREFERRED TYPE OF MEMBERSHIP

<input type="checkbox"/> SINGLE MEMBERSHIP - \$420	<input type="checkbox"/> SUSTAINING SINGLE MEMBERSHIP - \$640
<input type="checkbox"/> FAMILY MEMBERSHIP - \$750	<input type="checkbox"/> SUSTAINING FAMILY MEMBERSHIP - \$1130
<input type="checkbox"/> SINGLE MEMBERSHIP/SENIOR (65+) - \$378	<input type="checkbox"/> SUSTAINING MEMBERSHIP/SENIOR (65+) - \$576

* Sustaining membership includes one Kiddush Sponsorship and free reserved high holiday seats.

PLEASE INDICATE NAMES AND BIRTHDAYS OF EVERY FAMILY MEMBER

ENGLISH NAME	HEBREW NAME	DATE OF BIRTH

YAHRTZEIT INFORMATION

NAME OF RELATIVE	RELATIONSHIP (mother, father, etc.)	YAHRTZEIT DATE

CHECKS SHOULD BE PAYABLE TO CONGREGATION B'NAI JACOB,
ONLINE PAYMENTS CAN BE MADE WITH ZELLE, VISA OR MASTERCARD ON OUR WEBSITE AT CBJPARKSLOPE.ORG