



**Yuba-Sutter
Congregation Beth Shalom**

315 1st Street Marysville, CA 95901

Phone: 530.742.1203

e-mail: CBS@CBS-YS.org

website: www.CBS-YS.org

Membership Application/Renewal

Adult 1: _____

DOB* _____

Adult 2: _____

DOB* _____

Address _____

Wedding Anniversary* _____

Contact Phone _____

E-Mail: _____

Additional Family Members:

Name _____

DOB* _____

Name _____

DOB* _____

Name _____

DOB* _____

Names for Monthly Yahrzeit Acknowledgement

Hebrew or Gregorian calendar date is acceptable

Name _____

Date of Passing _____

Name _____

Date of Passing _____

Name _____

Date of Passing _____

Name _____

Date of Passing _____

If more names are needed please attach with returned form

*This information is optional.

When making your annual dues contribution, please remember that we now have an ordained, experienced rabbi and our own building. Membership dues alone DO NOT cover all our expenses. The building pledge donation is vital for a balanced budget. Please give generously according to your ability to pledge. Thank you!

Please Choose **ONE From Each Category:**

CATEGORY ONE:

1 Adult Household: \$25.00/month

2 Adult Household: \$35.00/month

CATEGORY TWO:

Monthly Building Pledge: \$25

\$50

\$75

\$100

Other _____

Enclosed is _____ which is my total commitment

Amount Enclosed _____

OR

Enclosed is _____ I wish to be invoiced monthly

Amount Enclosed _____

Please make checks payable to:

Congregation Beth Shalom

P.O. Box 103, Yuba City, CA 95992

Signature _____

Date _____