



Membership Information Form

BZBI is comprised of many types of families and member units. If your household structure is not reflected in this form, please contact the Temple Office.

5786: 2025-2026

ADULT 1

PREFERRED TITLE GENDER

FIRST AND LAST NAME NICKNAME

☐ KOHEIN ☐ LEVI

HEBREW NAME

EMAIL CELL PHONE

BIRTHDATE (ENGLISH MONTH / DAY / YEAR)

OCCUPATION

EMPLOYER

WORK PHONE

HOME PHONE

HOME ADDRESS

ADULT 2

PREFERRED TITLE GENDER

FIRST AND LAST NAME NICKNAME

☐ KOHEIN ☐ LEVI

HEBREW NAME

EMAIL CELL PHONE

BIRTHDATE (ENGLISH MONTH / DAY / YEAR)

OCCUPATION

EMPLOYER

WORK PHONE

ANNIVERSARY DATE

NAME OF CHILD(REN)*

DATE OF BIRTH

☐ NO CHANGE

ENGLISH NAME HEBREW NAME (MONTH / DAY / YEAR)

ENGLISH NAME HEBREW NAME (MONTH / DAY / YEAR)

ENGLISH NAME HEBREW NAME (MONTH / DAY / YEAR)

ENGLISH NAME HEBREW NAME (MONTH / DAY / YEAR)

*Under the age of 26 and living at home/in college

Yahrzeits

To help you perform the mitzvah of remembrance, we will send you a notice approximately one month before your loved one's yahrzeit, with reminders and information about when to say kaddish. If this is a new Yahrzeit, please indicate Day or Evening.

☐ NO CHANGE

☐ DAY ☐ EVENING

NAME	RELATIONSHIP	ENGLISH DATE OF PASSING (M/D/Y)	<input type="radio"/> DAY <input type="radio"/> EVENING
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NAME	RELATIONSHIP	ENGLISH DATE OF PASSING (M/D/Y)	<input type="radio"/> DAY <input type="radio"/> EVENING
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NAME	RELATIONSHIP	ENGLISH DATE OF PASSING (M/D/Y)	<input type="radio"/> DAY <input type="radio"/> EVENING
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NAME	RELATIONSHIP	ENGLISH DATE OF PASSING (M/D/Y)	
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ACTIVITIES AND INTERESTS (PLEASE CHECK)**Adult 1****Adult 2****Committees:**

- | | | |
|-----------------------|-----------------------|---------------------------|
| <input type="radio"/> | <input type="radio"/> | Adult Programming |
| <input type="radio"/> | <input type="radio"/> | Building |
| <input type="radio"/> | <input type="radio"/> | Chesed |
| <input type="radio"/> | <input type="radio"/> | Communications/Marketing |
| <input type="radio"/> | <input type="radio"/> | Community |
| <input type="radio"/> | <input type="radio"/> | Development |
| <input type="radio"/> | <input type="radio"/> | Early Childhood |
| <input type="radio"/> | <input type="radio"/> | Finance |
| <input type="radio"/> | <input type="radio"/> | Governance |
| <input type="radio"/> | <input type="radio"/> | Greeter/Usher |
| <input type="radio"/> | <input type="radio"/> | Human Resources |
| <input type="radio"/> | <input type="radio"/> | Israel Engagement |
| <input type="radio"/> | <input type="radio"/> | Kiddush |
| <input type="radio"/> | <input type="radio"/> | Membership |
| <input type="radio"/> | <input type="radio"/> | Men's Club |
| <input type="radio"/> | <input type="radio"/> | Ritual |
| <input type="radio"/> | <input type="radio"/> | Security |
| <input type="radio"/> | <input type="radio"/> | Sisterhood |
| <input type="radio"/> | <input type="radio"/> | Tikkun Olam/Social Action |
| <input type="radio"/> | <input type="radio"/> | Youth and Family |
| <input type="radio"/> | <input type="radio"/> | Other _____ |

Please check if interested in:

- ☐ Laurie Wagman Playschool and Abigail R. Cohen Preschool
☐ Neziner Hebrew School ☐ Youth Group

PHOTOGRAPHY AND SOCIAL MEDIA CONSENT

Temple Beth Zion-Beth Israel uses photography in printed and electronic media for the purposes of marketing and communications materials.

PLEASE INDICATE YOUR DECISION BELOW:

- ☐ I/We **DO GRANT** permission for photos/images to be published in any form of BZBI's marketing and communications materials.
☐ I/We **DO NOT GRANT** permission for photos/images to be published in any form of BZBI's marketing and communications materials.

SIGNATURE _____

DATE _____

If you live alone, please let us know the name and phone number of a relative or friend we may contact in case of an emergency:

NAME _____

PHONE _____

RELATIONSHIP _____



Congregational Commitment and Sustaining Partnership

5786: 2025-2026

NAME

EMAIL

PHONE

SUPPORTING YOUR BZBI COMMUNITY

Your commitment to BZBI ensures we can carry on our cherished traditions; maintain our dedication to social action and social justice; present thought-provoking speakers; offer opportunities to expand Jewish learning; support our inspiring, compassionate, and accessible clergy; and nurture your community.

Because the true cost of running a vibrant synagogue far exceeds the amount generated through the traditional congregational commitment, please consider making a congregational commitment at the **Sustaining Partner** level, or **if you are not able, consider increasing your commitment by at least 10% from last year. Please enter the amount of your commitment in the form below.** Taking on this commitment is both an act of tzedakah and a reflection of faith in our shared Jewish future. You understand the value of our sacred community and are ready to help ensure the ongoing strength and resiliency of BZBI and its mission.

	COMMITMENT RANGE (UP TO SUSTAINING)	MY COMMITMENT
Two Adult Household	\$3,600 ↔ \$4,450 ↔ \$5,400	\$
One Adult Household	\$1,800 ↔ \$2,675 ↔ \$3,600	\$
Associate Membership (You must be a member in good standing of another synagogue)	\$1,800 ↔ \$2,675 ↔ \$3,600	\$
Families with Children under 5	\$1,800 ↔ \$2,675 ↔ \$3,600	\$
College Student	\$180 ↔ \$270 ↔ \$360	\$
Alternative Commitment	See last year's payment	\$
ADDITIONAL MANDATORY FEES	AMOUNT	
Maintenance & Security (Assessed per Adult) *(except student)	# of adults ____ × \$260	\$
United Synagogue of Conservative Judaism (USCJ) Dues (Assessed per Household) *(except student)	\$75	\$
ADDITIONAL OPTIONAL FEES	AMOUNT	
Sisterhood Membership	\$40	\$
Men's Club Membership	\$40	\$



Payment Options

☐ **PAY IN FULL TODAY**

☐ **SEMI ANNUAL**

50% Today

50% December 2025

☐ **QUARTERLY PAYMENTS**

25% Today

25% October 2025

25% January 2026

25% April 2026

☐ **MONTHLY PAYMENTS**

Payment Methods

☐ **CHECK**

☐ **CREDIT CARD**

☐ **eCHECK**

☐ **STOCK TRANSFER**

Please contact the Temple Office at 215-735-5148 or bookkeeper@bzbi.org for instructions before transferring stock.

* I agree that by choosing to pay by credit card or eCheck, an additional fee will be added at the time of my transaction.
Credit card fee: 3.0% eCheck fee: 1.5%

For Credit Card Payment:

☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Number _____ - _____ - _____ - _____

Expiration ____ / ____ CVC # ____

For eCheck Payment:

Routing # _____

Account # _____

Bank Name _____

SIGNATURE _____

PRINTED NAME _____

(MONTH / DAY / YEAR) _____

