



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

PHONE

EMAIL

SUPPORTING YOUR BZBI COMMUNITY

BZBI is where you belong, for prayer, for social action, for Israel engagement, or simply for the company of friends, and your membership commitment is critical to sustaining the devoted clergy, expert staff, and beautiful building that make it home.

The true cost of running our vibrant, accessible synagogue far exceeds our membership fees. We urge you to consider joining the **Shomrim Society, becoming a Sustaining Member, or increasing your commitment by at least 10% from last year**. This is more than an act of tzedakah; it is an investment in our shared Jewish future.

We deeply appreciate your financial support, and your continued involvement in our kehillah.

	COMMITMENT RANGE (UP TO SUSTAINING)	MY COMMITMENT
Shomrim Society	\$10,000 and above	Please contact me
Two Adult Household	\$3,600 ↔ \$5,400+	\$
One Adult Household	\$1,800 ↔ \$3,600+	\$
Associate Membership (You must be a member in good standing of another synagogue)	\$1,800 ↔ \$3,600+	\$
Families with Children under 5	\$1,800 ↔ \$3,600+	\$
College and Graduate Students	\$180 ↔ \$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	
Annual Giving Pledge	Any 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) _____

