



BAY RIDGE JEWISH CENTER

Congregation Sheiras Israel
405 81st Street Brooklyn, NY 11209
Phone: 718-836-3103 | Fax :718-745-4365

Celebrating 100 Years

NEW MEMBER APPLICATION 5785: JULY 2024 – JUNE 2025

Name[s]: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Preferred Member Phone:(_____) _____

Email Address: _____

Phone # to receive phone tree messages: _____

MEMBERSHIP CATEGORIES: No one will be turned away from BRJC based on ability to pay. Please talk to us! For Payment Plans or Financial Assistance, contact: office@brjc.org or 718-836-3103. High Holiday tickets are included with all paid memberships.

- Benefactor Membership: \$5,000
- Pillar Membership: \$3,600
- Sustaining Membership: \$2,800
- Household with or without children: \$1,850
- Single Membership: \$1,100
- Couples in their first year of marriage: \$700
- Out of Town/Supportive Membership: \$180
- Financial Support/Relief Requested: TBD

BUILDING FUND: I will contribute the following additional amount to help maintain BRJC’s building:

\$50 ___ \$100 ___ \$250 ___ \$500 ___ \$1,000 ___ Other \$ ___

SECURITY ASSESSMENT FEE: \$300

TOTAL PAYMENT: \$ _____



BAY RIDGE JEWISH CENTER

PAYMENTS: Please accept my application for membership at Bay Ridge Jewish Center.

I am enclosing payment by:

- Check (payable to Bay Ridge Jewish Center)
- Installment Plan (10 months of payments)
- Money Order
- Credit Card #: _____

Exp. Date: ____/____/____ Code: _____ (Credit cards are charged a 3% fee)

Please use LINK below to pay directly through ShulCloud

<https://bayridgejewishcenter.shulcloud.com/payment.php>

I agree to contribute the above Annual Membership Dues and to be an active participant for the betterment of the BRJC community.

Signature: _____ Date: _____

Signature: _____ Date: _____



BAY RIDGE JEWISH CENTER

The following information helps us to better understand the needs of our members. This is important for major life cycle events; i.e., B'nai Mitzvah, marriage, death and during emergencies. All information will be held in strictest confidence.

ABOUT YOU

	ADULT #1	ADULT #2
Full Name		
Title (Dr., Mr., Mrs., Ms., etc.)		
Date of Birth (xx/xx/xxxx) English and/or Hebrew Date [Before Sundown or After]		
Home Phone		
Cell Phone		
Preferred Gender Pronoun		
Preferred Email Address		
Preferred Language		
Occupation/Profession		
Employer		
Religious tradition in which you were raised: Practicing/nonpracticing	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Non-Practicing	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Non-Jewish <input type="checkbox"/> Non-Practicing



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Hebrew Name (Hebrew or Transliterated)	_____	_____
	ben/bat	ben/bat
	Father _____	Father _____
	Mother _____	Mother _____
If you are a Jew by choice, who officiated at the Conversion?		
If you are not Jewish, do you identify with a religion?		
I can read Hebrew		
I can chant Torah/haftarah		
I can lead a service		
I can teach a class		
Are you a military vet?		

ABOUT YOUR CHILDREN

	CHILD #1	CHILD #2	CHILD #3
First Name			
Surname			
Hebrew Name			
Date of Birth (xx/xx/xxxx) English and/or Hebrew Date [Before Sundown or After]			
Preferred Email			



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If birth mother is not Jewish, was child converted? (Y/N)			
School Name & Grade			
Child Living at Home (Y/N)			
Marital Status/ Name of Spouse			

YAHARZEIT (MEMORIAL) INFORMATION

If you would like us to add the name of a departed to be read at Shabbat Services, please fill out the section below. Please attach an extra page if you wish to include additional names.

Name of Deceased			
Hebrew Name Transliterated e.g. "Shmuel son of Dinah"			
Relationship			
Secular Date of Death			
Hebrew Date of Death			
I would like information about ways to honor these individuals			
Remind me when I should say Kaddish			



BAY RIDGE JEWISH CENTER

Our community runs on people-power. We encourage every member to take on a job within BRJC. Whether you bring snacks to a program, join a committee, help to cook latkes, or provide pro-bono professional services, we need you and thank you!

I am interested in volunteering/getting information for the following:

- Rabbi's Adult Education
- Conversion
- Young Professional's Programming (20's-30's)
- Hebrew Reading
- Work on Website/Social Media
- Photograph Events
- Planting in Garden
- Sukkah Building
- Grant Writing
- Chesed (Good Deed) Activities
- Hebrew School
- Plan a Fundraising Event
- Activities for Pre-Schoolers
- Join the Musical Shabbat Band
- Volunteer Security Greeter/Usher
- Shabbat Family Host
- Baby Naming or Bris
- PJ Library
- Youth or Adult Bar/Bat Mitzvah
- Sisterhood
- Fund Raising
- Visit a Homebound Member
- Help with Holiday Celebrations
- Wedding
- Events for Teenagers
- Sponsor a Kiddush
- Cooking for Community Events
- Plan a Lifecycle Event

How would you like to be involved in our community?



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PHOTO RELEASE FORM

- I give consent for my child's/children's photographs to appear on the BRJC website, social media, and advertising. (We will never include their names)
- I give consent for my/our photographs from synagogue functions to appear on the BRJC website, social media, and advertising. (We will never include your names)

Signature: _____ Date: _____

Signature: _____ Date: _____

EMERGENCY CONTACTS:

Name: _____ Phone: (_____) _____ Relationship: _____

Name: _____ Phone: (_____) _____ Relationship: _____

Thank you for joining us at BRJC!