

CONGREGATION SONS OF ISRAEL APPLICATION FOR MEMBERSHIP
1666 Pleasantville Road, Briarcliff Manor, NY 10510

I/We subscribe to the annual membership fee, which is to be paid 1/3 with this application. Remaining balance due in 2 installments: December 1 and March 1. **Of course, payments may be made in full or accelerated at or before these dates.** I/We also subscribe to such fees and special assessments as shall be determined from time to time by the Board of Trustees, subject to the approval of the membership, as is set forth in the Constitution and By-Laws of the congregation.

By signing below I/We agree to these terms and shall be bound by same until such time that we **notify the synagogue in writing** that I/We have decided to terminate our synagogue membership. **ANNUAL RENEWAL IS PRESUMED UNLESS YOU TELL US YOU HAVE ALTERED THIS AGREEMENT.**

Membership is based on the family unit including unmarried children up to the age of 25. In addition to the basic annual fee, there is a Building Fund Assessment of \$600 per year for six years. **BUILDING FUND** follows the payment schedule listed above.

**PLEASE ENCLOSE 1/3 OF THE ANNUAL DUES AND SCHOOL FEES,
where applicable and 1/3 of BUILDING FUND WITH YOUR COMPLETED APPLICATION.**

Fees for the 2017/18 fiscal year
\$2,990.00 per family
\$2,236.00 Senior Family (one member of the household 65+)
\$1,118.00 Senior Single (65+)
**\$1,672.00 for singles and families with one members of the household is
under 35 with no children in Religious School**

Building Fund:
\$600/year for 6 years. \$3,000 if paid all in the first year of membership.

Please consider adding 3% to cover the cost of credit card fees if you choose that method of payment.
Contact: (Ellen@csibriarcliff.org) to process a credit card.

It is understood that membership is open to persons of the Jewish faith and that I/we, as a bona fide member(s) of the Jewish faith, am/are entitled as synagogue member(s) to all rights and privileges of membership as provided by the CSI Constitution and By-Laws.

SIGNATURE: _____ DATE: _____

PRINT NAME _____

SIGNATURE: _____ DATE: _____

PRINT NAME _____

If you need further information, please email Ellen@csibriarcliff.org or call (914) 762- 2700

Account _____ Amount Received _____

CSI welcomes new committee members at all time!
Do any of the following groups or committees interest you?

Let us know and we'll ask a committee member to contact you.

- | | |
|---|---|
| <input type="checkbox"/> ADULT EDUCATION/PROGRAMS | <input type="checkbox"/> P.T.A. NURSERY SCHOOL |
| <input type="checkbox"/> BUILDING/HOUSE COMMITTEE | <input type="checkbox"/> P.T.A. RELIGIOUS SCHOOL |
| <input type="checkbox"/> CARING COMMUNITY | <input type="checkbox"/> RITUAL COMMITTEE |
| <input type="checkbox"/> EDUCATION COMMITTEE | <input type="checkbox"/> NEW: SHABBAT MORNING GREETER |
| <input type="checkbox"/> GIFT SHOP | <input type="checkbox"/> SISTERHOOD |
| <input type="checkbox"/> <i>HaMISHPACHA</i> (65+) | <input type="checkbox"/> SOCIAL ACTION COMMITTEE |
| <input type="checkbox"/> MEN'S CLUB | <input type="checkbox"/> SOCIAL COMMITTEE |
| <input type="checkbox"/> MEMBERSHIP COMMITTEE | <input type="checkbox"/> TORAH READERS GROUP |
| <input type="checkbox"/> PRE-SCHOOL PROGRAMS | <input type="checkbox"/> WOMEN'S TORAH STUDY |
| <input type="checkbox"/> YIDDISH CLUB | |

NAME: _____

CSI MEMBERSHIP INFORMATION FORM

1) Person completing this application:

NAME: _____

ADDRESS: _____ City, State, Zip _____

(Dr., Mr. Mrs., Ms.) _____ BIRTHDATE: ____/____/____ *COHEN/LEVI/ISRAEL* _____

INFORMAL NAME _____

HEBREW NAME: _____ Son/Daughter of: _____

IF JEW BY CHOICE, converted under supervision of Rabbi _____

Date: _____ Did conversion include immersion in a *Mikvah*? _____
Yes/No

IF NOT JEWISH, please indicate here _____

MARITAL STATUS: Married ___ Single ___ Partner ___ Divorced ___ Widowed ___

DATE OF MARRIAGE: ____/____/____

HOME PHONE: () _____ CELL PHONE: () _____

PREFERRED E-MAIL ADDRESS: (Remember to notify CSI if it changes: Ellen@csibriarcliff.org)

____/____

BUSINESS INFORMATION: OCCUPATION: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: () _____ Extension _____

2) Spouse/Partner:

NAME: _____

ADDRESS: _____ City, State, Zip _____

(Dr., Mr. Mrs., Ms.) _____ BIRTHDATE: ____/____/____ *COHEN/LEVI/ISRAEL* _____

INFORMAL FIRST NAME _____

HEBREW NAME: _____ Son/Daughter of: _____

MEMBERSHIP APPLICATION/YAHRZEIT INFORMATION.
CSI will email you notices of when these yahrzeits will be observed at services.

1) DECEASED NAME _____ M/F _____

ENGLISH DATE OF DEATH:

Month Day Year Before/After Sundown

HEBREW DATE IF KNOWN: _____

Month Day Year

PERSON TO RECEIVE YAHRZEIT REMINDERS: _____

THE DECEASED IS YOUR: _____

2) DECEASED NAME _____ M/F _____

ENGLISH DATE OF DEATH:

Month Day Year Before/After Sundown

HEBREW DATE IF KNOWN: _____

Month Day Year

PERSON TO RECEIVE YAHRZEIT REMINDERS: _____

THE DECEASED IS YOUR: _____

3) DECEASED NAME _____ M/F _____

ENGLISH DATE OF DEATH:

Month Day Year Before/After Sundown

HEBREW DATE IF KNOWN: _____

Month Day Year

PERSON TO RECEIVE YAHRZEIT REMINDERS: _____

THE DECEASED IS YOUR: _____

We will list as many yahrzeits as you wish. Please include all the information for us.

THANK YOU AND WELCOME TO THE CSI COMMUNITY!

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