

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. **NOTE: ANNUAL RENEWAL IS PRESUMED UNLESS YOU HAVE NOTIFIED CSI IN WRITING.**

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, BUILDING FUND AND SCHOOL FEES,
(where applicable) WITH YOUR COMPLETED APPLICATION.**

Fees for the 2018/19 fiscal year, July 1, 2018 - June 30, 2019 (*)

\$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 Single Family

\$1,672 Under 35 (one member of the household is under 35 with no children in Religious School)

Associate Membership at a reduced fee is available for those in our community whose primary residence is outside of Westchester County OR who are members of another similar membership synagogue.

Contact Ellen@csibriarcliff.org for terms and fees.

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

Please consider adding 3% to cover the cost of credit card fees for all payments in excess of \$200.

Contact (Ellen@csibriarcliff.org) if you'd like to pay your initial fees by credit card.

It is understood that membership is open to persons of the Jewish faith as well as the spouse/partner of the person of 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

(*) Fees are subject to change after the Annual Congregational meeting votes on the budget. This year's meeting for current members is taking place on Tuesday, 6/26 at 7:30pm

OFFICE USE; Account _____ Amount Received _____

**CSI welcomes new committee members and group participants at all times!
Do any of the following groups or committees interest you?**

Check your areas of possible interest, please. For households with more than one person, kindly write your initials next to your possible areas of interest so we can contact the correct person. Thank you!

- | | |
|--|---|
| _____ Adult Education | _____ PTA CSI Nursery School |
| _____ Caring Community | _____ PTA CSI Religious School |
| _____ Cemetery Committee | _____ Ritual Committee |
| _____ Choir | _____ Second Generation Survivors Group |
| _____ Education Committee | _____ Security Committee |
| _____ Facility/Grounds Committee | _____ Shabbat Morning Greeters |
| _____ Gift Shop (Matanah) | _____ Sisterhood |
| _____ HaMishpacha (65+ monthly luncheon) | _____ Social Action |
| _____ LGBTQ Committee | _____ Social Committee |
| _____ Men's Club | _____ Technology Committee |
| _____ Membership Committee | _____ Torah Readers |
| _____ Organic Farm Committee | _____ Yiddish Club |
| _____ P.J. Library | |

**Return this with your membership application, please. There is no obligation!
We will contact you so you can ask questions and determine the best way for you to move ahead.**

MEMBER NAME(S): _____

join us

MEMBERSHIP APPLICATION/YAHRZEIT INFORMATION.

CSI will email you notices of when these *yahrzeits* will be observed at services. You are welcome to request an *aliyah* or other honor and are invited to sponsor *kiddush*.

1) DECEASED NAME _____ Gender _____

ENGLISH DATE OF DEATH: _____ Before/After Sundown
Month Day Year

HEBREW DATE IF KNOWN: _____
Month Day Year

PERSON TO RECEIVE *YAHRZEIT* REMINDERS: _____

THE DECEASED IS YOUR: _____

2) DECEASED NAME _____ Gender _____

ENGLISH DATE OF DEATH: _____ Before/After Sundown
Month Day Year

HEBREW DATE IF KNOWN: _____
Month Day Year

PERSON TO RECEIVE *YAHRZEIT* REMINDERS: _____

THE DECEASED IS YOUR: _____

3) DECEASED NAME _____ Gender _____

ENGLISH DATE OF DEATH: _____ Before/After Sundown
Month Day Year

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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