

Date: _____

PLEASE RETURN THIS FORM BY 7/31/2020

T"01

B'nai Israel Ohev Zedek Membership Form – page 1

Contact Information

Last Name: _____ First Name: _____ Spouse Name: _____

Address: _____

Home Phone: _____ Cell phone: _____ Spouse Cell Phone: _____

E-Mail address: _____ Spouse Email Address: _____

Add my name to the shul E-mail list: Yes No

To specify what information is included in the Shul Directory, please contact the Membership Committee at membershipbioz@gmail.com.

Membership Categories: **Check one category, AND circle Regular or Contributing Member Rate**

<u>Membership Category</u>	<u>Regular Member Rates</u>	<u>Contributing Member Rates</u>
<input type="checkbox"/> Family/Couple	\$825 or \$68.75/month	\$1,200 or \$100/month
<input type="checkbox"/> Single	\$580 or \$48.33/month	\$870 or \$72.50/month
<input type="checkbox"/> Under 35 Family, Years 1 & 2	\$600 or \$50/month	\$900 or \$75/month
<input type="checkbox"/> Under 35 Single, Years 1 & 2	\$450 or \$37.50/month	\$675 or \$56.25/month
<input type="checkbox"/> Retired Couple	\$580 or \$48.33/month	\$870 or \$72.50/month
<input type="checkbox"/> Retired Single	\$425 or \$35.42/month	\$638 or \$53.17/month
<input type="checkbox"/> Associate	\$250 or \$20.83/month	Full membership is paid to _____ shul

Contributing membership includes: all regular member benefits **plus** one extra seat for the high holidays, free family admission to ONE shul event, special listing in the shul directory and the banquet journal.

Regular Membership includes: Holiday seats (2 for family membership, 1 for Single membership), discount on guest holiday seats, priority for Shabbos aliyos and leading davening, discounts on shul rentals, having Shabbos bar mitzvah/aufruf, shul sponsored Shabbos sheva brachos, listing in shul directory, ability to serve on the board of directors, ability to vote at shul meetings, priority access to shailos and consultation with the rabbi.

Associate membership: Available for full members of other congregations and for people who live outside the community. Associate Membership does not include High Holiday seats.

Payment Plans: **Check one payment plan**

- Full payment** by check/cash received before Rosh Hashanah, you can **deduct 2%** from your total payment.
- Two payments:** First check, or online payment with service fee, before Rosh Hashanah, final payment by December 31.
- Monthly:** Automated payments via the shul's website, **must set up payments starting in July & cover the service fee.**
- Monthly:** Automatic online billpay through your bank, must set up **monthly payments, final payment by June 2021.**
- Monthly:** Submit to BIOZ 12 post-dated checks starting in July, final payment dated in June.
- Zelle:** If you would like to pay using Zelle, your bank would have to allow you to: 1) send money via our account number (not cell number or email address) **and** 2) allow you to set up monthly automatic recurring payments. Contact Donna Patkin to discuss.

Special Considerations: We would like everyone to support our shul financially to the best of their ability. We understand that people have many different financial situations, and we are willing to make individual arrangements for those who are experiencing a hardship. Please send a confidential email to the finance committee at financebioz@gmail.com or call Donna Patkin 215-725-5461 if you need to request a payment plan or a modification to the above membership dues.

If there are any special needs or considerations affecting your family's membership, please let the membership committee know: membershipbioz@gmail.com.

-OVER-

B'nai Israel Ohev Zedek
Membership Form – page 2

*We are ensuring the accuracy of our database.
Please fill out the information below.*

Feel free to add another sheet of paper for the sections below.

Yahrzeit Information

English Name	Hebrew Name	Hebrew Date	Relationship

Family Information

Please list the following information for all family members residing at home:

Legal Name/ Nickname	Full Hebrew Name	Father's Full Hebrew Name	Mother's Full Hebrew Name	Birthday (mm/dd)

Anniversary (mm/dd) _____

Aliyah Information

I am a: Kohen Levi Yisrael

I can: Read from the Torah Daven for the Amud Other:

Bar Mitzvah Parsha: _____

Please mail the completed application along with payment to:

B'nai Israel-Ohev Zedek, Attn: Membership Committee, 8201 Castor Avenue, Philadelphia, PA 19152