



Congregation B'nai Chaim
29500 Via Princesa, Murrieta, CA. 92563
 Phone: (951) 677-7350 Fax: (951) 698-3472

Membership Application
June 1, 2011 - May 31, 2012

New Member Renewal Member Date: _____

**** A FORM FOR EACH INDIVIDUAL OR FAMILY MUST BE FILLED OUT EVERY YEAR.****

Family Information:

Last Name(s) _____	Home Phone _____
Address _____	Business Phone _____
City _____	Cell Phone _____
	Cell Phone _____
State _____ Zip Code _____	E-mail _____
	E-mail _____

Additional Family Information:

Adult Name _____	Cohen or Levi _____
Hebrew Name _____	
Date of Birth _____	Occupation _____
Wedding Anniversary _____	
Jewish? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult Name _____	Cohen or Levi _____
Hebrew Name _____	
Date of Birth _____	Occupation _____
Wedding Anniversary _____	
Jewish? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child's Name _____	Child's Name _____
Hebrew Name _____	Hebrew Name _____
Date of Birth _____	Date of Birth _____
Born of a Jewish mother? Yes <input type="checkbox"/> No <input type="checkbox"/>	Born of a Jewish mother? Yes <input type="checkbox"/> No <input type="checkbox"/>
Child's Name _____	Child's Name _____
Hebrew Name _____	Hebrew Name _____
Date of Birth _____	Date of Birth _____
Born of a Jewish mother? Yes <input type="checkbox"/> No <input type="checkbox"/>	Born of a Jewish mother? Yes <input type="checkbox"/> No <input type="checkbox"/>

Membership Fees:

Membership Type	Description	Membership Fee (Under 26)**	Membership Fee (26 to 64)**	Membership Fee (65 & Over)**
Single	A single Jewish individual or a spouse married to a non-Jew, with no children living at home. Includes 1 High Holiday ticket.	\$180	\$700	\$500
Family	Where one or both spouses are Jewish, with or without children under age 22, living at home. Includes 2 High Holiday tickets. (Children under age 22 of members do not need High Holiday tickets.)	\$360	\$1,300	\$1,000
Total Membership Fee				\$

**Does not include building fee. Individuals or families joining after November 1st pay a prorated amount of the above fees.

School Tuition and Fees:

School Sessions	Name of 1 st Child	Name of 2 nd Child	Name of 3 rd Child	Name of 4 th Child
Sunday School Only				
Hebrew School 2 days / week, including Sunday				
Total Tuition and Fees (Enter \$500 regardless of the number of children attending our school)				\$

Bar/Bat Mitzvah Fees:

If applicable: Number of Children _____ times \$400	\$
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Donor: Would you also like to become a donor? Your extra support is greatly appreciated. You will be honored with your name on our donor plaque.

Patron	\$500	Initial:
Benefactor	\$750	Initial:
Guardian	\$1,000	Initial:

Total Fees (Please fill in the correct amounts):

Membership Fee (from previous page)	
School Tuition and Fees (if applicable) (from previous page)	
Bar/ Bat Mitzvah Fees (if applicable) (from previous page)	
Building Fee (Single = \$200, Family=\$300)	
Donor (optional) Patron=\$500, Benefactor=\$750, Guardian=\$1,000	
Total Fees and Donations	
For full dues-paying members only: payment in full (except donor amount) received by June 30, 2011, subtract \$100, or payment in full received (except donor amount) by July 30, 2011, subtract \$50	
Outstanding Balance	
Minimum deposit \$200 membership and \$100 per child if received by July 30. Minimum deposit \$400 and \$100 per child if received by August 30. Minimum deposit 50% of membership fees and building fund plus \$100 per child if received after August 30.	
Balance Due	
Men's Club Membership Fee (\$25 optional) Please make a separate check made payable to: Cong. B'nai Chaim Men's Club	
Sisterhood Membership Fee (\$25 optional) Please make a separate check made payable to: Cong. B'nai Chaim Sisterhood	

PAYMENT AGREEMENT:

- I/We am/are paying in full by check. Check # _____
- I/We am/are paying in full by credit card.
- I/We am/are giving a deposit and wish to pay the balance due monthly. I/We agree to fulfill the above financial commitment to Congregation B'nai Chaim. Please have the Finance Committee notify me/us of the monthly amount due.

Note: By signing the membership application, I/we collectively and individually acknowledge to having fully read the terms and conditions set forth in this Membership Application, and agree to abide by By-laws of this Congregation.

X _____
Member's Signature Date

X _____
Member's Signature Date

X _____
Financial VP's Signature Date

Please bill my credit card on or about the _____ of each month for the amount due as determined by the Finance Committee

Visa/MC/Amex # _____ Expiration date: _____ Security Code: _____

Signature _____

Print Name _____ Date _____



2011-2012

Congregation B'nai Chaim Religious School Enrollment Application

29500 Via Princesa, Murrieta, CA 92563 (951) 677-7350



2011-2012

Please fill out one application for each student to be enrolled in the Religious School.

New Student _____ Returning Student _____ School Year _____ Grade _____

PLEASE PRINT

Student's Last Name _____ First _____ Middle _____

Address _____ City _____ ST _____ ZIP _____

Mailing Address (if different) _____ City _____ ST _____ ZIP _____

Birth Date ____ / ____ / ____ Student's Sex: M / F Home Phone _____

Father's Full Name _____ Cell Phone _____

Employer _____ Business Phone _____

E-mail _____

Mother's Full Name _____ Cell Phone _____

Employer _____ Business Phone _____

E-mail _____

Pupil lives with _____

Does your child have any health problems or allergies that might affect school performance? YES / NO

If yes, please describe any conditions and/or medications taken: _____

Does your child have any learning disabilities, which might affect school performance? YES / NO

If yes, please describe: _____

Physician: _____ Phone _____

In the event parent or designated physician cannot be reached, personnel of the Religious School are authorized to use their discretion to secure medical aid. YES / NO

Please list at least two people in the local area who will assume temporary care of your child if you cannot be reached.

Name _____ Phone _____

Name _____ Phone _____

It is my understanding that it is my responsibility to notify the school immediately if any of the above information changes.

Signature _____ Date _____

For new students only: If your child has previously attended Hebrew/Religious School:

Name of School _____ Grade _____

Address _____ City _____ ST _____ ZIP _____