



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

Membership Application
June 1, 2010 - May 31, 2011

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 _____
Child's Name _____	Child's Name _____
Hebrew Name _____	Hebrew Name _____
Date of Birth _____	Date of Birth _____

SELECT YOUR MEMBERSHIP		SELECT THE APPROPRIATE FEE		ENTER FEES HERE
SINGLE	A single individual or a spouse married to a non-Jewish spouse, with no children living at home - Includes 1 High Holy Day Ticket.	Under 26	\$180	\$
		Ages Thru 64	\$700	
		65 And Over	\$500	
FAMILY	Where one or both spouses are Jewish, with or without children, under age 22, living at home. Includes 2 High Holy Day Tickets. Children (under age 22) of members do not need High Holy Day Tickets.	Under 26	\$360	\$
		Ages Thru 64	\$1,300	
		65 And Over	\$1,000	
BUILDING PRESERVATION	This fee is in addition to your membership and is required. → → → → → → →	Single	\$200	\$
		Family	\$300	
DONOR RATES (OPTIONAL)	Would you also like to become a donor? Your extra support is greatly appreciated.	Patron	\$500	\$
		Benefactor	\$750	
		Guardian	\$1,000	
		SUBTOTAL → →		\$
Individuals or families joining after November pay a prorated rate of the membership fees.				
SELECT YOUR SCHOOL TUITION FEES:				
SUNDAY SCHOOL ONLY	1 day a week (Sunday)	1 ST Child	\$435	\$
		2 ND Child	\$405	
		Each Additional Child	\$385	
HEBREW SCHOOL	2 days/week - includes Sunday School (Thursday & Sunday)	1 ST Child	\$550	\$
		2 ND Child	\$435	
		Each Additional Child	\$405	
ADDITIONAL SCHOOL FEES PER CHILD	Bar/Bat/B'nai Mitzvah Fee	Per Person	\$400	\$
	School Supplies per child	1 ST Child	\$100	\$
		2 ND Child	\$100	
		Each Additional Child	\$100	
	Registration Fee per child	1 ST Child	\$50	\$
2 ND Child		\$50		
Each Additional Child		\$50		
YOUR TOTAL COMMITMENT FOR THE 2010 – 2011 YEAR → → →				\$
PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.				

FIGURING IT ALL OUT!		ENTER FEES HERE
YOUR TOTAL COMMITMENT FOR THE 2010 – 2011 YEAR (From The Previous Page) → → →		\$
MEMBERSHIP DEPOSIT (MINIMUM \$200)	\$	\$ -
	SUBTOTAL → →	\$
SCHOOL FEES DEPOSIT (MINIMUM \$100 PER CHILD)	\$	\$ -
	BALANCE DUE → →	\$

PAYMENT AGREEMENT:

FOR THE NEXT ____ MONTH, MY MONTHLY PAYMENT WILL BE \$_____ + \$5 SERVICE FEE FOR VISA & M/C ONLY, FOR A TOTAL PAYMENT OF = \$_____.

I AGREE TO FULFILL THE ABOVE FINANCIAL COMMITMENT TO CONGREGATION B'NAI CHAIM. HALF OF MY / OUR MEMBERSHIP FEES WILL BE PAID BY SEPTEMBER 1ST OF THE CURRENT YEAR OR I / WE WILL BE CURRENT IN MONTHLY PREARRANGED PAYMENTS FOR MY / OUR ENTIRE FEES, TO RECEIVE HIGH HOLY DAY TICKET(S). ALL FEES MUST BE PAID BY MARCH 31, 2011.

Select method of payment: (If payment(s) are other than check or cash please provide 2 Credit Card Numbers).

- Check # _____ Check Amount \$ _____
- Visa / M/C # _____ Exp Date _____
- Visa / M/C # _____ Exp Date _____

If you have chosen Visa or MasterCard for payment, please sign below.

Signature _____

Print name _____ Date _____

X _____
Member's Signature Date

X _____
Member's Signature Date

B'nai Chaim Representative Signature (Financial VP) Date

By signing the Membership Application, you acknowledge that you have fully read and have agreed to all terms and conditions set forth in this Membership Application and the Congregation B'nai Chaim By-Laws.

Thank You – Shalom

I am requesting Financial Assistance.



Congregation B'nai Chaim Religious School Enrollment Application



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

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 _____