



TEMPLE BETH TZEDEK

621 Getzville Road  
Amherst, NY 14226  
838-3232  
membership@btzbuffalo.org

If you are a new member or your information has changed, please fill in the following information.

Date: \_\_\_\_\_

	Adult Applicant	Adult Applicant
Last Name, First Name		
Maiden Name (if relevant)		
Hebrew Name		
Date of Birth		
Date of Bar/Bat Mitzvah		
Kohen, Levi, Yisrael		
Occupation		
Business Name		
Business Address		
Home Phone		
Cell Phone		
Work Phone		
Email Address		

Residence \_\_\_\_\_

Town & State \_\_\_\_\_ Zip \_\_\_\_\_

Second Residence \_\_\_\_\_

Town & State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Expected period in 2<sup>nd</sup> residence \_\_\_\_\_

Single \_\_\_\_\_ Partnered \_\_\_\_\_ Married \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Widowed \_\_\_\_\_ Date \_\_\_\_\_ Divorced \_\_\_\_\_ Date \_\_\_\_\_

What is the Name of Your Previous Affiliation? \_\_\_\_\_

Is Applicant Married to a Non-Jew? \_\_\_\_\_

Was there a Conversion to Judaism? \_\_\_\_\_

Date and Officiating Rabbi \_\_\_\_\_

Is There an Interest in Conversion? \_\_\_\_\_

CHILDREN Name	Hebrew Name	Date of Birth	Date of Bar/Bat Mitzvah	Single or Married	Address, if Different

Yahrzeits you'd like the office to remind you of:

English Name	Hebrew Name (if known)	Relationship to whom	Secular date of death	Jewish calendar date of death (if known)

# TEMPLE BETH TZEDEK

## 2017-2018 ANNUAL MEMBERSHIP PLEDGE FORM (FAMILY)

Name: \_\_\_\_\_

As you contemplate your 2017-18 pledge, please consider the following:

Every TBT household is asked to make a self-determined Membership Pledge to enable our synagogue to continue its important role in our lives and in our community.

### 2017-2018 PLEDGE CATEGORIES

חבר'ים (Chaverim) FRIENDS	תומכים (Tomchim) SUSTAINERS	ח' (Chai) LIFE	כח (Koach) STRENGTH
An amount you choose	\$2,254	\$360 above Tomchim \$2,614	\$720 above Tomchim \$2,974

In support of the holy work of Temple Beth Tzedek, I commit to a Membership Pledge of:  
\$ \_\_\_\_\_ *Please enter your pledge on this line*

Please bill our pledge:  Monthly  Quarterly  Annually  
(See reverse of this form for payment options) *Please check the appropriate box*

**Note: Members who do not indicate a payment frequency will be billed annually.**

MEMBER SIGNATURE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_ Please initial if you do not want your name to be recognized in any listing of Giving Categories.

Please return your completed form by mail, by fax to 835-6154, or by e-mail to [office@btzbuffalo.org](mailto:office@btzbuffalo.org).

## MEMBERSHIP PAYMENT OPTIONS

Please select one of the following payment options.

I will pay by check or cash when billed.

OR

MasterCard  Visa  Discover

Name as it appears on credit card \_\_\_\_\_

Credit Card number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code\* \_\_\_\_\_ (\*Three digit code on back of card)

If paying membership pledge by credit card, we are pleased to provide the following options:

- ANNUAL PAYMENT**— A single payment in the amount of your entire pledge will be charged to your credit card on or about the first week of June.
- QUARTERLY PAYMENT**--- Your pledge will be divided into 4 equal payments charged to your credit card on or about the first weeks of June, September, December, and March.
- MONTHLY PAYMENT**--- Your pledge will be divided into 12 equal payments charged to your credit card on or about the first week of each month, June through May.

**Please include credit card information even if you have previously placed this information on file with the office.**

I authorize Temple Beth Tzedek to automatically process membership pledge payments and all other charges, as they arise, in accordance with the information I've provided on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_