



**TEMPLE BETH TZEDEK**

**1641 North Forest Road  
Williamsville, NY 14221  
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)

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**2018-2019 ANNUAL MEMBERSHIP PLEDGE FORM for New Members  
(FAMILY)**

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

As you contemplate your 2018-19 pledge, please consider the following:

- 1) 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.
- 2) Recognition will be given to all congregants who make a pledge at the Sustainers, Life, or Strength levels.

**2018-2019 PLEDGE CATEGORIES**

חברים (Chaverim) FRIENDS	תומכים (Tomchim) SUSTAINERS	חי (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 *Please check the appropriate box*

See next page of this form for payment options.

**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 to Temple Beth Tzedek.

fax: 835-6154

e-mail: office@btzbuffalo.org

Postal: 1641 North Forest Road

Williamsville, NY 14221

## MEMBERSHIP PAYMENT OPTIONS

Please select one of the following payment options.

I will pay by check or cash when billed. If annual, payment should be received no later than July 31, 2018.

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.**