



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
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 2nd 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

(SINGLE)

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

חברים (Chaverim) FRIENDS	תומכים (Tomchim) SUSTAINERS	ח' (Chai) LIFE	כח (Koach) STRENGTH
An amount you choose	\$1,687	\$360 above Tomchim \$2,047	\$720 above Tomchim \$2,407

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.

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: _____