



MEMBERSHIP at CBSRZ

Any person of the Jewish faith, over 18 years of age, may become a Member of the Congregation, subject to approval of the Board of Directors. Whether Jewish or non-Jewish, a spouse, life partner, or a child (under age 25), of a Member is also welcomed as a Member and receives all the benefits and privileges of Membership. If you need additional information please contact Wendy Baylor, Temple Administrator, at office@cbsrz.org or 860-526-8920.

MEMBERSHIP RENEWAL

I/We hereby wish to remain member(s) of CBSRZ, making a personal and philanthropic commitment to the support and continuity of this community.

Adult 1 Information

Full Name

First Middle Initial Last

Religious Background

Jewish Not Jewish _____

Home Address

Street

City State Zip

Phone Numbers

Home Work Mobile

E-Mail Address

Adult 2 Information

Full Name

First Middle Initial Last

Religious Background

Jewish Not Jewish _____

Home Address

Street

City State Zip

Phone Numbers

Home Work Mobile

E-Mail Address

2021 / 2022 Membership Commitment

We hope that your affiliation with CBSRZ brings you joy, meaning, and lasting friendships. May our years together fulfill your passions for prayer, learning, social justice, and community. Synagogue members make annual financial commitments that support CBSRZ as an active and vibrant religious, educational, and cultural institution. Membership pledges pay for the professional and support staff, subsidize our lifelong educational journey, and provide the funds needed to cover the expenses inherent in operating a Jewish community.

Our basic pledge level is the set amount required from each member unit for our operations to be successful. We each contribute a piece of the financial pie so that the whole is complete. And we are committed to welcoming all who wish to be a part of our sacred community regardless of ability to pay. So, if you are experiencing financial hardship and must reduce your contribution, you can.

That said, our congregation depends on additional dues contributions to assist those who are unable to meet minimum requirements but would like to be a part of our congregation. Any amount you are able to pledge in excess of basic membership dues will help us continue to provide a full spectrum of religious, cultural, educational, and related programs for all members of our sacred community.

Basic Dues

Member

- Single/Single Parent: \$1,660 Family: \$2,560

Young Member (32 and under)

- Single/Single Parent: \$780 Family: \$1,280

Summer Member

- Single/Single Parent: \$1,280 Family: \$1,280

Second Synagogue Member

- Single/Single Parent: \$780 Family: \$1,280

Member Plus

If you are able to contribute beyond the basic dues level, please do. You'll be making membership possible for another family with your contribution.

- Single/Single Parent: amount greater than \$1,660

- Family: amount greater than \$2,560

- Chai Single: \$2,700 or more

- Chai Family: \$5,400 or more

Variance

- I am unable to afford standard dues this year and request a variance. (Your request will be reviewed after you have completed the [variance form](#))

I will make pledge payments according to the following schedule:

- Annually (single payment, due in full with pledge commitment)
- Semiannually (two payments, due July 1 and December 31)
- Quarterly (four payments, due July 1, October 1, December 31, and April 1)
- Monthly (twelve payments due at the end of the month, July through June)

Basic Membership Dues

Member Plus or Chai Dues

Total

Please fill in with the amount due based on your membership category and payment schedule. The amount in this box will be charged to your credit card, should you choose that payment option.

Payment Method

- PREFERRED METHOD: By personal check mailed to:
CBSRZ, 55 East Kings Highway, Chester, CT 06412
- Through my on-line banking service
- Cash
- Credit Card: I/We will contact the CBSRZ office to provide credit card information.
- Other

Thank You

Please mail your completed form to the **CBSRZ office at 55 East Kings Highway, Chester, Connecticut, 06412**. If you have any questions regarding this form, please contact the **CBSRZ office at 860-526-8920**.