



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 Bayor, Temple Administrator, at office@cbsrz.org or 860-526-8920.

MEMBERSHIP APPLICATION

I/We hereby wish to become 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

Hebrew Name (if known)

Home Address

Street

City State Zip

Phone Numbers

Home Work Mobile

E-Mail Address

Occupation

Employer

/ /

Birthday

/ /

Anniversary (if applicable)

Adult 2 Information

Full Name

First Middle Initial Last

Religious Background

☐ Jewish ☐ Not Jewish

Hebrew Name (if known)

Home Address

Street

City State Zip

Phone Numbers

Home Work Mobile

E-Mail Address

Occupation

Employer

/ /

Birthday

/ /

Anniversary (if applicable)

Emergency Contact Information

Please fill in the name(s), relationship(s) to you, and phone number(s) of one or two people we can contact in the event of an emergency. This information will not appear on the membership roster.

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Children Living at Home / College

Please list even those who are grown.

Name	Birth date
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Hebrew Name (if known)	Current School Grade
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Name	Birth date
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Hebrew Name (if known)	Current School Grade
------------------------	----------------------

Web/Photo Release

I authorize CBSRZ to use my and my family members' images/likeness in CBSRZ-related print publications or on the congregational website for the purposes of publicity. I understand that I may not be notified in advance of publication. Images/likenesses of minors will not be used, in any manner, without prior notification and consent from a parent/guardian.

Initials (Adult 1)	Initials (Adult 2)
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Inclusion

CBSRZ strives to be an inclusive community and aims to accommodate those who may require special assistance in order to participate fully in congregational activities. We invite you to share with us any physical, cognitive, emotional, or behavioral challenges that you (or members of your family) may have. As always, your information will be kept strictly confidential, and will be shared with clergy or staff only as needed in order to assure CBSRZ's inclusiveness and accessibility. To discuss these issues on a confidential basis, please contact Temple Administrator, Wendy Bayor at 860.526.8920.

Yahrzeits

Yahrzeits are read at every Friday night service on the Hebrew anniversary of a loved one's death. Many congregants choose to honor loved ones with a memorial plaque. Please contact the temple office for more information. Please attach a separate paper with additional listings, if needed.

Name	Date of Death	To Whom Related	Relationship
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Name	Date of Death	To Whom Related	Relationship
------	---------------	-----------------	--------------

Name	Date of Death	To Whom Related	Relationship
------	---------------	-----------------	--------------

Name	Date of Death	To Whom Related	Relationship
------	---------------	-----------------	--------------

Other Family Members at CBSRZ

Name	Relationship
------	--------------

Name	Relationship
------	--------------

Name	Relationship
------	--------------

Name	Relationship
------	--------------

Name	Birth date
------	------------

Hebrew Name (if known)	Current School Grade
------------------------	----------------------

Name	Birth date
------	------------

Hebrew Name (if known)	Current School Grade
------------------------	----------------------

Privacy Statement

CBSRZ does not share congregants' personal contact information with outside organizations or individual parties, and does not confirm membership to non-members without the express consent of our congregants. However, contact information is shared with other members of CBSRZ via the Membership Directory and by special requests to our staff.

Initials (Adult 1)	Initials (Adult 2)
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Opportunities for Involvement

We offer many ways to get involved and contribute, not only to CBSRZ, but to the bigger world outside our doors. Everyone has something to offer. Start small and volunteer for one thing. Host one Oneg, or plan an ambitious start-up venture. Whether you find your path with Social Action, Chesed, the Mavens, any of the other volunteer opportunities, or with something entirely new at CBSRZ, it will be worthwhile.

Volunteer Opportunities for Adult 1

If you are interested and able to volunteer, please review and select. The committee chairperson will be in touch with more information.

COMMITTEES

I would like to learn more about volunteering on the following committees...

- | | |
|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Art Gallery | <input type="checkbox"/> Mavens |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Chesed | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Religious Affairs |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Youth/Education |
| <input type="checkbox"/> Development | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Facilities | |
| <input type="checkbox"/> Farmland | |

SPECIAL SKILLS

I have skills to share with the congregation...

- | | |
|----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Accounting/Financial | <input type="checkbox"/> Lectures |
| <input type="checkbox"/> Chanting Torah | <input type="checkbox"/> Legal Expertise |
| <input type="checkbox"/> Chevra Kadisha (Burial Society) | <input type="checkbox"/> Musical Instrument |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Special Needs Assistance |
| <input type="checkbox"/> Graphic Design/Marketing | <input type="checkbox"/> Teaching / Tutoring |
| <input type="checkbox"/> Hebrew Skills | <input type="checkbox"/> Web Design |

SPECIAL TASKS: Administrative

- | | |
|-------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Office Volunteer |
|-------------------------------------|-------------------------------------------|

SPECIFIC TASKS: Community

- ☐ Calling/welcoming new members
- ☐ Inviting a new member to dinner
- ☐ Helping members who are ill
- ☐ Providing transportation to services
- ☐ Making meals

Volunteer Opportunities for Adult 2

If you are interested and able to volunteer, please review and select. The committee chairperson will be in touch with more information.

COMMITTEES

I would like to learn more about volunteering on the following committees...

- | | |
|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Art Gallery | <input type="checkbox"/> Mavens |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Chesed | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Religious Affairs |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Youth/Education |
| <input type="checkbox"/> Development | <input type="checkbox"/> Social Action |
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- ☐ Providing transportation to services
- ☐ Making meals

Opportunities for Involvement, continued...

Volunteer Opportunities for Adult 1

SPECIFIC TASKS: Ritual

- ☐ Assist with Kiddish luncheon
- ☐ High Holidays assistance
- ☐ Host an Oneg
- ☐ Participating in services
- ☐ Participating in a shiva munyan
- ☐ Shabbat greeter
- ☐ Sound/tech support at services

SPECIFIC TASKS: Youth / Education

- ☐ Substitute teaching
- ☐ Assist with K-7 programs
- ☐ Other program assistance

SPECIFIC TASKS: Special Events

- | | |
|-------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Sukkah building & decorating | <input type="checkbox"/> Mitzvah Day |
| <input type="checkbox"/> Hanukkah celebration | <input type="checkbox"/> Books & Bagels |
| <input type="checkbox"/> Annual Community Seder | <input type="checkbox"/> Music & More |
| <input type="checkbox"/> Purim | <input type="checkbox"/> Shabbat Across America |

I want to help, but...

- ☐ I am so overwhelmed with all of the volunteering options, I need help choosing! Please contact me.

Volunteer Opportunities for Adult 2

SPECIFIC TASKS: Ritual

- ☐ Assist with Kiddish luncheon
- ☐ High Holidays assistance
- ☐ Host an Oneg
- ☐ Participating in services
- ☐ Participating in a shiva munyan
- ☐ Shabbat greeter
- ☐ Sound/tech support at services

SPECIFIC TASKS: Youth / Education

- ☐ Substitute teaching
- ☐ Assist with K-7 programs
- ☐ Other program assistance

SPECIFIC TASKS: Special Events

- | | |
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| <input type="checkbox"/> Annual Community Seder | <input type="checkbox"/> Music & More |
| <input type="checkbox"/> Purim | <input type="checkbox"/> Shabbat Across America |

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- ☐ I am so overwhelmed with all of the volunteering options, I need help choosing! Please contact me.

Membership Categories

Member

One or two adults and any children under 26 living at home.

Young Member

One or two adults and any children under 18; oldest family member 32 years of age or younger.

Summer Member

One or two adults who have a permanent residence in another state and are in Connecticut for six months or less each year.

Second Synagogue Member

One or two adults and any children living at home who are full members in good standing at another synagogue. Letter of good standing from first synagogue membership required.

Membership Pledge

First year of membership will be discounted by 50%.

Basic Dues

Member

- Single/Single Parent: \$1,760
- Family: \$2,720

Young Member

- Single/Single Parent: \$830
- Family: \$1,360

Summer Member

- Single/Single Parent: \$1,360
- Family: \$1,360

Second Synagogue Member

- Single/Single Parent: \$830
- Family: \$1,360

Member Plus & Chai Dues Contributions

Congregation Beth Shalom Rodfe Zedek 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.

Member Plus

- Single/Single Parent: amount greater than \$1,760
- Family: amount greater than \$2,720

Chai Member

- Single/Single Parent: amount greater than \$2,885
- Family: amount greater than \$5,665

Adjusted Pledge/Variance

We honor all of our members and those who wish to be members of CBSRZ. A core value of our community is that financial limitations will never be a barrier to membership. If you are experiencing financial hardship and must reduce your contribution this year, you can.

- ☐ 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](#))

Building Pledge

Building Assessment

In 1998, we undertook the raising of funds for a new synagogue building. The response was remarkable, as \$5 million was given or pledged, enabling us to forgo a mortgage. New members are asked to pledge, for a defined period beginning in the second year of membership, funds for capital needs in the present day, as part of the community effort.

Single: \$1,625 (\$325 per year for 5 years)
Family: \$2,500 (\$500 per year for 5 years)
Summer Member: \$1,250 (\$250 per year for 5 years)

- ☐ Yes, I understand there is a building fund and I will be billed in my second year of membership.

2023 / 2024 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: \$1,760
50% discount: \$880

☐ Family: \$2,720
50% discount: \$1,360

Young Member (32 and under)

☐ Single/Single Parent: \$830
50% discount: \$415

☐ Family: \$1,360
50% discount: \$680

Summer Member

☐ Single/Single Parent: \$1,360
50% discount: \$680

☐ Family: \$1,360
50% discount: \$680

Second Synagogue Member

☐ Single/Single Parent: \$830
50% discount: \$415

☐ Family: \$1,360
50% discount: \$680

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 \$1,760

☐ Family: amount greater than \$2,720

☐ Chai Single: \$2,885 or more

☐ Chai Family: \$5,665 or more

☐ 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 March 31)
- ☐ 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**.