

5779 (2018-2019) Membership Registration

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PREMIER	MEMBERSHI	P: Supporting CBE at a higher level of giving. Benefits: two additional High Holy- mplimentary tickets for all CBE events during the 2018-2019 membership year.	Amount \$3,600	My Fees			
iay lickei	is, and two co	Implimentary dickets for all CBE events during the 2010-2019 membership year.	\$3,000				
		Total Premier Membership:	#1				
		Total Tellion Membership.	#1				
Members	hip Fees *						
Category			Amount	My Fees			
Full Family		Families with children or fulltime students under age 25	\$2,000				
amily & S		Families with 1 child in religious school	\$2,600				
Family & S		Families with 2 + children in religious school	\$3,100				
Preschool		Families with children attending CBE Preschool classes	\$600				
Single Par	Single Parent with children under age 25	\$1,400					
	rent & School	Single Parent with children in religious school	\$2,000				
Senior-Ma		Married couple with at least 1 spouse age 65 or older - No children in CBE school	\$1,200				
Senior-Sir		Adult 65 years or older - No children in CBE school	\$825				
Adult-Mari		Married couple with no children	\$1,700				
Adult-Sing		Adult age 30 and older with no children	\$1,200 \$700				
	Young Adult-Single Adults age 18-29 with no children, excluding students under age 25 included above Newly-Married Newly Married Couples married after August 2017						
inewiy-ivia		Newly Married Couples married after August 2017 Congregation B'nai Emet: Fund Name	\$0				
	Donation to C	Songregation Binal Emet. Fund Name					
		Total Manuhaushin Fasa.	# 0				
		Total Membership Fees:	# 2				
Bar/Bat M	litzvah						
Category		Description	Amount				
		Clergy/Facilities/Private Tutoring	\$750				
		Total Bar/Bat Mitzvah Fee:	# 3				
Early		3	Subtotal				
Payment		if paid in full by 8/27/18 using a credit card.	# 4				
Discount	Enter 10% off	f if paid in full by 8/27/18 if using cash or check.	# 5				
		Total (Boxes 1 or 2 +3, less Box 4 or 5 as applicable):		\$			
		Total (Boxes For 2 Fo, 1000 Box 4 of 0 Full applicable).					
		Less Enclosed Deposit:		\$			
		Tatal Balanca B 1 (1 OBE		•			
		Total Balance Due to CBE:		\$			
Ligh Lo!	, Day tickate a	re included for each paid IMMEDIATE family member. Please indicate how many					
	tickets you re						
additional	LIGROIS YOU IE	qui o					
+ 8.4		de the boundaries and be described.					
Member	snip Fees inclu	de the building maintenance and landscaping fees.					
	navment nlan	is available. Please remit a 25% deposit and the remaining balance will be charged month	Iv to your	credit card			
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		dit Card Authorization Form.	., ,				



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Credit Card Authorization Form

Me	mk	er	Na	me	:							

Authorization

I hereby authorize Congregation B'nai Emet to charge amounts owed to them by me to the MasterCard, Visa, Amex, or Discover account identified below.

These amounts include, but are not necessarily limited to, Membership fees, Religious School fees, Building Fund or other Pledges, and Bar/Bat Mitzvah fees.

			Am	ount	:						
Initial Deposit o	of \$		AN	ID	Month	ily cha	of	\$			
(suggested at lea	ast 25%										
on the					to be	naid in	full b	·	auot	24 0	2010
	aay o.				to be	paid ii	i iuli b	y Au	gusi	31, 2	2019
			Cred	it Ca	rd						
Card Type:		_MasterCard _	Visa _	A	\mex _	Disc	cover				
Card Number:											
Expiration Date:											
Name on Card:											
Cell Phone or Bes	t #:										
Address # only:				Zip	Code:						
Signed: X								Date:			
			CBI	E Us	e e						
Date											
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Amount											
Date								<u> </u>			
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Membership Family Record (Returning members need not submit this form if no changes are necessary)

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Title (Dr., Mr., Mrs., Ms., e	etc.)																
Full Name																	
Hebrew Name																	
Address:			City:							St:		Zip:					
Home Phone: ()					Fax: ()										
Cell Phone:		()) ()														
E-Mail:																	
Do you wish to include yo in our annual Membership			o Yes o No														
Birthday:		/	/	: ;		/	'	/		:	am/	/pm					
Anniversary: /	I		Retu	: o N	Yes		Date	Date First Joined: / /									
		Job Title:				Job T	Job Title:										
Occupation:		Employer:					Emplo	oyer:									
		Phone: ()						Phone	e: ()					
Do you read Hebrew?			o Y	es	o No	o Sc	ome				0,	Yes	o N	10 0	o Son	пе	
Do you wish to participate	o No o English s o Hebrew				no <i>f</i> ono		t h Port	ion									
How do you want the Tem	ple newsletter de	livered? o	E-Ma	il Link	to wel	bsite	o U.S.	Mail	•								
How do you want annual I	Membership Forn	ns delivered	l? o E	E-Mail	Link to	o webs	ite ol	J.S. Mail									
How did you hear about C	ongregation B'na	i Emet? c	Frienc	ls/Fan	nily o	News	spaper	o Flyer	o Web	0.5	Socia	I Medi	ia				
Would you like to receive	mail or publication	ns from oth	er Jewi	sh org	ganiza	tions?	o Yes	o No									
					C	hildre	1										
Hebrew Name:																	
Gender:	o Male o Fe	emale	0	Male (o Fem	ale		o Male	o Fema	ale				o Male	e o F	emale	
Date of Birth:																	
Address:																	
Religious School:	Grade:	o No	Gra	ade:	0	No		Grade:	0	No				Grade	:	o No	
Bar/Bat Mitzvah Date:																	
Interested in Youth Group:	No		o Yes	o No)		o Yes	s o No					οY	es o	No		
			Ya	hrzeit	s (An	nivere	ary of D)eath)									
Name	Hebi	rew Name	1 a		lations		, 01 L		To Whom Date of Death								
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High Holy Day and Yizkor Requests

High Holy Day tickets are included with Congregation B'nai Emet membership. Use this form only to request tickets for non-members OR to list loved ones in Yizkor Book.

High Holy Day Ticket Packages Ordered (Includes 4 services)													
Ticket Category		Descr	ription				Quantity	Pri Ea		Total	Amount		
Adult	Age 21 and ov	ver						\$	250				
Full-time Student	Under Age 25						\$ 135						
Senior	Age 65 or olde	er						\$	135				
							Total A	mount					
					rvices								
In consideration of rememb Yizkor Services, I am: o E	oelow a		The am	our	nt of:								
Please allocate this amount to o CBE o CBE Preschool													
Name	Rela	tionsh	nip		To Whon	า		Date of Death					
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		Ticket M	lailing	& Bill	ling int	orm	ation						
Please print name an are any questions ab authorization and sign	out your ticket o												
Name:					Hon	ne:	()						
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City:					C	ell:	()						
State:	Zip:												
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		Payme	nt Kem	iittan	ce into	rma	ition						
Please mail this reque	est form along v	vith a che	eck or o	credit	card inf	orm	nation to:						
Congression	D'nai Emai	4											
Congregation	D nai Eme	L											
P.O. Box 878	N 02002 00	70											
Simi Valley, C		0/8											
(805) 526-4580													



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Religious School Registration

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BOTH SIDES OF THIS FORM MUST BE COMPLETED AND SIGNED BEFORE YOUR CHILD CAN ATTEND RELIGIOUS SCHOOL

If your child has special needs, you are encouraged to speak directly with the School Director or Vice-President of schools. Every effort will be made to accommodate you. Any request made or information shared will be held in the strictest confidence.

Parent Information																			
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Last,	First -	- Fath	er		Addre				Pho	ne			Ema	iil					
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Last	vame				Name						нерг	ew i	Name						
Address Phone																			
/ / Date of Birth Grade Prior Hebrew or Religious School Location																			
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Religious School Registration (Page 2 of 2)

BOTH SIDES OF THIS FORM MUST BE COMPLETED AND SIGNED BEFORE YOUR CHILD CAN ATTEND RELIGIOUS SCHOOL													
Med	ical Emergency Contac	ts (if Parents Cannot be Reached)											
Name	Relationship	Cell Phone Other Phone											
	Health Cov	erage Information											
	Ticalti Cov	()											
		()											
Physician Name		Physician Phone											
Child Name		Allergies											
Obital Navasa		Allegaries											
Child Name		Allergies											
Health Insurance Com	pany Name	Group or Employer Name											
Subscriber Identification	n Number	Group Number											
Cabserber racritineation	middine	Group Number											
	Emergency Med	ical Treatment Consent											
I/We, the parent(s)/legal gua	rdian(s) of												
True, are perent (c) regar gree		(Print names of children)											
act as my/our agent, to consent care to be rendered to the mino licensed under the provisions of diagnosis or treatment and hosp Practice Act, whether such examples	to any x-ray examination, a r under the general or speci f the Medical Practice Act or bital care to be rendered to mination, diagnosis or treatr Il also include the right of m	agents, employees, teachers, members, directors and officers to anesthetic, medical or surgical diagnosis or treatment and hospital ial supervision and upon the advice of a physician and surgeon r to consent to an x-ray examination, anesthetic, dental or surgical the minor by a dentist licensed under the provisions of the Dental ment rendered at the office of said physician, dentist or at such a y/our agent to commit any of our insurance or other funds that may											
treatment, or hospital care being give specific consent to any and	g required. It is given to provided all such examinations, diagonics of his/her best judgmen	in advance of any specific examination, repetitive diagnosis, vide authority and power regarding the above to my/our agent to gnosis's, treatment or hospital care which the aforementioned at may deem advisable. This authority is given pursuant to the											
A copy of this Emergency Medic	cal Treatment Consent shal	I have the same force and effect as the original.											
IN WITNESS WHEREOF, I/	We have executed this E	mergency Medical Treatment Consent at											
	, Califo	rnia, on , 201											
	,, - 5												
Parent or Legal Guardian		Parent or Legal Guardian											

Some of the programs available at CBE:

To support our congregation, we ask that every member make a volunteer commitment to one of the below programs. Please sign up for your volunteer commitment at http://signup.com/go/JsnSBKy or contact the temple office.

Preschool and After-School Care

Our licensed school accepts infants to 5; diapers are OK. We also offer a K-6 after-school program. We have a weekly Shabbat program where the children learn Hebrew prayers. They also learn about our culture as we celebrate most Jewish holidays. Reciprocal discounts are offered by the temple and preschool. Call the school office at (805) 522-2214 for more information. Our school's campus is on the temple property.

Women of CBE (Sisterhood)

Affiliated with the Women of Reform Judaism, the Sisterhood supports the principles and programs of the Congregation. Monthly meetings generally highlight Jewish education and include planning for fundraising events. Sisterhood maintains and operates our gift shop, *Simi's House of Judaica*, and raises funds by selling gift-cards for many local businesses.

Men's Club

The Men's Club meets on a monthly basis and holds a monthly Sunday breakfast in a local restaurant. Its primary purpose is to support the Congregation's activities and fundraising events. Men's Club activities include trips, barbeques, men's night-out, and various service projects promoting fellowship and spiritual growth.

Havurah

A Havurah is a small group of Congregation B'nai Emet member families who meet regularly--with or without children--to share Jewish learning and experiences in an "extended family" setting. The Havurah experience is for people who are seeking a smaller scale Jewish community and are willing to give of themselves and work towards building this unique communal bond. Each Havurah decides its own program based on its own needs.

Programs

Throughout the year, there are opportunities for the Congregation to be actively involved in events sponsored by the Temple and other local organizations. Program activities include our annual Hanukkah celebration, Shabbat Across America, the Community Seder, and the Thanksgiving Interfaith Service.

Social Action Committee

The Social Action Committee works to develop projects to benefit both the Jewish community and the community at large. The primary focus is to meet the needs of our local community. Recent activities include supporting the local Relay for Life, Mitzvah Day, and Habitat for Humanity and collecting food for local food banks and helping several local agencies who provide support for the homeless in Simi Valley, including feeding the needy on a monthly basis.