



Congregation Netivot Shalom  
1316 University Avenue  
Berkeley, California 94702  
510.549.9447

**NEW MEMBER HOUSEHOLD INFORMATION FORM 2020 - 2021**

We/I wish to join Netivot Shalom as a: \_\_\_\_\_ Date: \_\_\_\_\_

- Household headed by a couple, with or without children\*
- Household headed by an individual, with or without children\*
- Young Adult(s) (head or heads of household not yet age 30 on Erev Rosh Hashanah)
- Full-Time Student (graduate or undergraduate)
- Associate membership (member of another synagogue). Synagogue name: \_\_\_\_\_
- Out-of-Town member (must be a member of a shul outside the nine-county Bay Area)

\*'Children' refers to children still living at home (when not away for school), who will not yet have achieved the age of 25 by Erev Rosh Hashanah of the current year (September 19, 2020).

For special membership situations (such as disabled or unemployed family members over age 25 living in the household), or any other questions, please contact Office & Rabbinic Assistant, Emma Gobler at ra@netivotshalom.org.

**CURRENT HOUSEHOLD INFORMATION**

**Adult #1 [this last name will be used for family-name alphabetization purposes]:**

Name \_\_\_\_\_

Hebrew name \_\_\_\_\_ bat/ben \_\_\_\_\_

Birthday \_\_\_\_\_ After Sunset? \_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**Adult #2:**

Name \_\_\_\_\_

Hebrew name \_\_\_\_\_ bat/ben \_\_\_\_\_

Birthday \_\_\_\_\_ After Sunset? \_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**For Adults 1 & 2, Anniversary date \_\_\_\_\_ (if applicable)**

**PLEASE NOTE** Names of family members, the family home address, phone numbers, and e-mail addresses on this form will be included in the Netivot Shalom membership roster unless you request otherwise:

Please omit the following from the roster: \_\_\_\_\_

Please omit *all* of my family's information from the membership roster.

**Information About Children Living at Home:**

**Child #1:**

Name \_\_\_\_\_

Hebrew name \_\_\_\_\_ bat/ben \_\_\_\_\_

Date of Birth \_\_\_\_\_ After Sunset? \_\_\_\_\_ Bar/Bat Mitzvah date \_\_\_\_\_

Current Grade in School \_\_\_\_\_ Occupation \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of School or University Attending/Attended \_\_\_\_\_

**Child #2:**

Name \_\_\_\_\_

Hebrew name \_\_\_\_\_ bat/ben \_\_\_\_\_

Date of Birth \_\_\_\_\_ After Sunset? \_\_\_\_\_ Bar/Bat Mitzvah date \_\_\_\_\_

Current Grade in School \_\_\_\_\_ Occupation \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of School or University Attending/Attended \_\_\_\_\_

**Child #3:**

Name \_\_\_\_\_

Hebrew name \_\_\_\_\_ bat/ben \_\_\_\_\_

Date of Birth \_\_\_\_\_ After Sunset? \_\_\_\_\_ Bar/Bat Mitzvah date \_\_\_\_\_

Current Grade in School \_\_\_\_\_ Occupation \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of School or University Attending/Attended \_\_\_\_\_

**Child #4:**

Name \_\_\_\_\_

Hebrew name \_\_\_\_\_ bat/ben \_\_\_\_\_

Date of Birth \_\_\_\_\_ After Sunset? \_\_\_\_\_ Bar/Bat Mitzvah date \_\_\_\_\_

Current Grade in School \_\_\_\_\_ Occupation \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of School or University Attending/Attended \_\_\_\_\_

**Congregation Netivot Shalom - Membership Pledge Form**  
**Fiscal Year 2020- 21 (July 1, 2020-June 30, 2021)**

Member Names \_\_\_\_\_

Family Email Address for Financial Statements: \_\_\_\_\_

***Pledge:***

• For this year, my/our annual member pledge is \$\_\_\_\_\_ (see reverse side for standard dues rates). Please select a payment option from one of the following options:

**1) ACH Plan:**

- I/We would like to register for the monthly ACH plan (*strongly recommended*) Please complete the attached authorization form and include a voided check- 12 payments over the course of the fiscal year.
- I/We opted for ACH last year and wish to continue ACH this year.

**2) Personal Checks:** I/We will pay according to the following timeline:

- Monthly -10% of my/our pledge is enclosed, and the balance will be paid in 12 equal monthly installments.
- Quarterly - 25% of my/our pledge is enclosed, with subsequent payments sent in October/November, January/ February and April/May.
- Semi-annually - Half of my/our pledge enclosed; the second will be sent in January.
- Annually - Full payment of my/our pledge is enclosed.

**3) Credit Card:**

- I/We will pay our pledge with my/our credit card in ( ) annual or ( ) semi-annual payment(s).

Name on Card: \_\_\_\_\_ Type: ( ) Visa or ( ) MasterCard ONLY

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

***Initial here that you understand credit card charges include a 3% transaction fee:*** \_\_\_\_\_

**4) Securities Transfer:** I/We will pay our pledge by transferring securities to Netivot Shalom.

- Please send us an authorization form

FOR ALL PLEDGE OPTIONS ABOVE, PLEASE SIGN HERE:

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

## 2020-21 Standard Membership Categories & Pledges

Our standard membership pledges shown here are set so that we are able to meet our budgetary needs each year. We do not charge a separate building assessment but encourage those who can afford more than the standard pledge to consider a gift to the Building Fund. If a pledge at the standard dues level represents a financial hardship, please contact Emma Gobler at [ra@netivotshalom.org](mailto:ra@netivotshalom.org) or call (510) 214-3806 for assistance.

### 1. Family Memberships (all include children under 25 living at home)

Household headed by a couple, at least one 30 years of age or older	\$3,150
Household headed by a couple, both under 30 years of age.	\$1,575
Household headed by a couple who are both full-time students.	\$683
Household headed by a single adult who has reached the age of 30	\$1,575
Household headed by a single adult under the age of 30.	\$788
Household headed by a single adult who is a full-time student.	\$342

### 2. Individual Memberships

A single adult who has reached the age of 30.	\$1,575
A single adult who has not yet reached the age of 30.	\$788
A single adult who is a full-time student.	\$342

### 3. Associate membership (member of another synagogue) - 50% of any choice from above.

### 4. Out of Town Memberships \$116 per adult

For friends of the congregation, including former members, and relatives of members, who live outside the Bay Area. Out of town members are listed in the roster but do not receive High Holy Day passes unless they make special arrangements.

### 5. It's Complicated

We know people often don't fit neatly into categories . . . if your situation is not easily described by one of the categories listed above, don't hesitate to contact us. We are eager to have you as members, and we consider special circumstances as well as financial hardships that require non-standard memberships.



# Congregation Netivot Shalom ~ Berkeley, California

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS [Automated Clearing House (ACH) Debits]

I (we) hereby authorize **CONGREGATION NETIVOT SHALOM** to debit my/our checking account indicated on the attached voided check, at the depository financial institution indicated thereon, in the amount of \$ \_\_\_\_\_, in payment of on the following time schedule (please check one):

**A one-time debit of the full amount**, to be made at any time after receipt of this form.

- Standard arrangement for monthly payment of pledges for annual dues:** a recurring debit on a monthly basis, divided equally among the remaining months of the current fiscal year (July 1, 2020, through June 30, 2021) following receipt of this form.
- Standard arrangement for monthly payment of tuition and other education fees:** a recurring debit on a monthly basis, divided equally among the remaining months of the current school year (September 8, 2020 - June 30, 2021) following receipt of this form [or, tuition for fees for summer programs, two equal debits in July and August of the year of attendance]. **In addition**, I authorize debits not to exceed \$ \_\_\_\_\_ in any given month for miscellaneous additional charges, including but not limited to extra days of education, challah, supplies, and other fees, provided that I have been sent an invoice and had a reasonable opportunity to review the charges in advance of the debit being made.

**Other schedule of debits and their amounts:**

- Authorization to arrange future debits via e-mail:** I/We hereby authorize CONGREGATION NETIVOT SHALOM (CNS) to debit my/our checking account as directed by e- mail instructions originating from e-mail address(es) that I/we have provided to CNS, for the purposes and in the amounts directed by me/us in our e-mail instructions.

**Name(s)**

\_\_\_\_\_ and/or \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT TO THIS FORM**

**I (we) acknowledge that this authorization is to remain in force until Congregation Netivot Shalom (CNS) has received written notification from me (or either of us) of its termination, in such time and in a manner as to afford CNS and the depositor financial institution a reasonable opportunity to act on it.**

**Congregation Netivot Shalom ~ Berkeley, California**  
**Securities Transfer Authorization**

1. Please complete this form and make two copies of it.
2. Send one copy to Congregation Netivot Shalom (VERY IMPORTANT!)
3. Send one copy to your securities broker for processing

Date: \_\_\_\_\_

Full Name of Donor(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**To Your Stock Broker or Other Agent:**

Please accept this letter of authorization to transfer the following:

Stock #1	Stock #2
Number of Shares: _____	_____

Company Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please wire this transaction or send the stock certificate to:

1. Charles Schwab & Company/Citibank, NA  
111 Wall Street, New York, NY 10005  
Phone: (212) 627-3999  
DTC no. 0164 code 40  
For Deposit to: Congregation Netivot Shalom  
Account no. 4566-3899

or

2. Congregation Netivot Shalom  
1316 University Avenue, Berkeley, CA 94702  
e-mail: ra@netivotshalom.org

My/Our donation is to be apportioned as follows:

Please indicate percentages from the proceeds of the sale of the securities.

Dues: \_\_\_\_\_

Donation to: \_\_\_\_\_

Sincerely,

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**Congregation Netivot Shalom**  
1316 University Avenue Berkeley, CA 94702

**Yahrzeit Registration**

Instructions: To add name(s) to our Yahrzeit list, please fill out the information below and mail it to the office. When indicating a Hebrew name, please use transliteration. It is only necessary to give the civil date of death; our software will automatically generate the Hebrew date. If you know that the death occurred after sunset, please mark the appropriate box.

**About the Deceased**

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

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

Civil Date of Death: \_\_\_\_\_ After Sunset \_\_\_\_\_

Hebrew Date of Death: \_\_\_\_\_ After Sunset \_\_\_\_\_

Remembered by: \_\_\_\_\_

Relationship of the Deceased to You: \_\_\_\_\_

**About the Deceased**

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

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

Civil Date of Death: \_\_\_\_\_ After Sunset \_\_\_\_\_

Hebrew Date of Death: \_\_\_\_\_ After Sunset \_\_\_\_\_

Remembered by: \_\_\_\_\_

Relationship of the Deceased to You: \_\_\_\_\_

**About the Deceased**

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

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

Civil Date of Death: \_\_\_\_\_ After Sunset \_\_\_\_\_

Hebrew Date of Death: \_\_\_\_\_ After Sunset \_\_\_\_\_

Remembered by: \_\_\_\_\_

Relationship of the Deceased to You: \_\_\_\_\_

**About the Deceased**

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

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

Civil Date of Death: \_\_\_\_\_ **After Sunset** \_\_\_\_\_

Hebrew Date of Death: \_\_\_\_\_ **After Sunset** \_\_\_\_\_

Remembered by: \_\_\_\_\_

Relationship of the Deceased to You: \_\_\_\_\_

**About the Deceased**

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

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

Civil Date of Death: \_\_\_\_\_ **After Sunset** \_\_\_\_\_

Hebrew Date of Death: \_\_\_\_\_ **After Sunset** \_\_\_\_\_

Remembered by: \_\_\_\_\_

Relationship of the Deceased to You: \_\_\_\_\_

**About the Deceased**

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

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

Civil Date of Death: \_\_\_\_\_ **After Sunset** \_\_\_\_\_

Hebrew Date of Death: \_\_\_\_\_ **After Sunset** \_\_\_\_\_

Remembered by: \_\_\_\_\_

Relationship of the Deceased to You: \_\_\_\_\_

**About the Deceased**

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

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

Civil Date of Death: \_\_\_\_\_ **After Sunset** \_\_\_\_\_

Hebrew Date of Death: \_\_\_\_\_ **After Sunset** \_\_\_\_\_

Remembered by: \_\_\_\_\_

Relationship of the Deceased to You: \_\_\_\_\_