

NEW MEMBER APPLICATION 2022-2023



Congregation Netivot Shalom
1316 University Avenue
Berkeley, California 94702
510.549.9447

Date: _____

Name: _____

2022-23 Standard Membership Categories & Pledges

Our standard membership pledges are set so that we are able to meet our budgetary needs each year. The pledges shown below are for new members and are 50% of our standard pledges. 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. For special membership situations (such as disabled, unemployed, or family members over 25 living in the household), or if a pledge at the standard dues level represents a financial hardship, please contact Ken Schnur at ken@netivotshalom.org or call (510) 549-9447 x105 for assistance.

All memberships include children 25 and under living in the household.

New Member Rates (One-half of Normal Dues)

| | |
|---|---------|
| Household with two adults, at least one of which is over 35 | \$1,750 |
| Household with two adults, who are members of another synagogue | \$875 |
| Household with two adults, both under 35 years of age | \$450 |
| Household with two adults, who live out of town | \$360* |
| Household with two adults, both full-time students. | \$180 |
| | |
| Household with one adult, 35 or older | \$875 |
| Household with one adult, who is a member of another synagogue | \$437 |
| Household with one adult, under 35 | \$225 |
| Household with one adult, who lives out of town | \$180* |
| Household with one adult, who is a full-time student. | \$90 |

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.

***Out of Town members are residents outside of the Bay Area. High holiday tickets are not included.**

Beyond Dues

If you are able, we encourage you to consider pledging more than the applicable amount in our **Beyond Dues** campaign. This will help others who cannot afford to pay their full dues assessment, and help us meet our budget goals.

\$1,800

\$1,000

\$720

\$360

Other amount:



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Membership Pledge Form - Fiscal Year 2022-23 (July 1, 2022 - June 30, 2023)

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 _____



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**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, 2022, through June 30, 2023) 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 2022 - June 2023) 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 depository 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
Berkeley, California

NEW MEMBER HOUSEHOLD INFORMATION 2022 - 2023

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.

Congregation Netivot Shalom
Berkeley, California

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
Berkeley, California

Yahrzeit Registration

Instructions: To add name(s) to our Yahrzeit list, please fill out the information below and mail (or email) 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: _____