

**CBI Membership Form – Annual Pledge of Support**

**July 1, 2017 to June 30, 2018**

**1336 Hemlock Street ♦ Chico, CA 95928 ♦ (530) 342-6146**

**Name(s):** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Address:** (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_ (zip) \_\_\_\_\_

**Home Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email(s):** \_\_\_\_\_

\_\_\_\_\_

**Children’s Names (ages):** \_\_\_\_\_ (\_\_\_\_)

\_\_\_\_\_ (\_\_\_\_)

\_\_\_\_\_ (\_\_\_\_)

\_\_\_\_\_ (\_\_\_\_)

**Guidelines –** We ask members to give 2-3% of their gross household income, with a minimum of \$1,200 for a Family Membership or \$700 for a Single Membership. If that amount is beyond your financial means, please request to be contacted by our treasurer or membership chair by checking the box below.

	<u>Supporter</u>	<u>Donor</u>	<u>Benefactor</u>
	<b>Please circle the category that reflects 2-3% of your income</b>		
Couples/Family Membership:	\$1,200	\$2,000	\$2,800
Single Membership:	\$700	\$1,200	\$1,700

**I/We will pay the dues commitment as follows:**

**One Payment:** July 1, 2017       **Biannual Payments:** July 1, 2017 and January 1, 2018

**Quarterly Payments:** July 1, 2017, October 1, 2017, January 1, 2018, April 1, 2018

**Monthly Payments:** Beginning July 1, 2017 and ending June 1, 2018

**I need a dues adjustment, please have the treasurer or membership chair contact me/us.**

*Please return this form, **filled out completely**, along with your first payment by Friday, July 15, 2017. Pledge payments for July, August, and September must be made, as committed, in order to continue as a member-in-good-standing and receive your 5778 High Holy Days tickets. **Your membership will be activated when a fully completed membership form is submitted with your payment.***

Payment can be made online at <http://www.cbichico.org> with PayPal or a credit card. If you prefer, please make your check to “CBI” and mail it to the address above **with this form.**

**THANK YOU FOR YOUR SUPPORT!**

***CBI is creating a new database so even if you have previously submitted this information, please resubmit it on this form.***

**Please complete the following for the dates that you would like to be recognized:**

**Birthdays**

Name: \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Month/Day: \_\_\_\_\_

**Anniversaries**

Name: \_\_\_\_\_ Month: \_\_\_\_\_

Name: \_\_\_\_\_ Month: \_\_\_\_\_

**Yahrzeits**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Month/Day: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Month/Day: \_\_\_\_\_

*English*  
*Hebrew*