



# Congregation Beth Israel

## Membership Information

A Reform Jewish Congregation

Member, Union of American Hebrew Congregations

6100 Pleasant Run  
Colleyville, Texas 76034

Phone: 817-581-5500

Web: [www.congregationbethisrael.org](http://www.congregationbethisrael.org)

# *Congregation Beth Israel*

Welcome to Congregation Beth Israel! CBI serves our as a spiritual, educational, and social center for our community. We are committed to being a vibrant congregation that provides life-long opportunities for spiritual growth and learning based on Jewish values.

Choosing to join a congregation represents your commitment to our sacred community. Yet this is only the first step for you to continue this tradition. Our congregation has thrived through the commitment and volunteerism of its members. Through these efforts we have created a strong, thriving Jewish community in our area.

Please complete the following information and return to the CBI offices at the address below.

Congregation Beth Israel - New Member Information  
6100 Pleasant Run  
Colleyville, Texas 76034

# Congregation Beth Israel

## General Information

Each Wednesday you will receive our weekly e-newsletter. Please take the time to review. It will keep you up-to-date with service times, events, activities and other important information. You can also find this information on our website.

Quarterly we will distribute the congregation directory of members. If you do not wish to be included in the directory, please indicate as noted on the member information page.

### Congregation Beth Israel

6100 Pleasant Run  
Colleyville, Texas 76034  
(817) 581-5500  
[www.congregationbethisrael.org](http://www.congregationbethisrael.org)

### Rabbi Charlie Cytron-Walker

CBI Phone: (817) 581-5500  
Cell Phone: (817) 983-3665  
[rabbi@congregationbethisrael.org](mailto:rabbi@congregationbethisrael.org)

Office administrator Elda  
[administration@congregationbethisrael.org](mailto:administration@congregationbethisrael.org)

### CBI Board of Trustees 2009-2010

**President – Howard Rosenthal**  
[president@congregationbethisrael.org](mailto:president@congregationbethisrael.org)

**Vice president/Membership - Julie Marks**  
[membership@congregationbethisrael.org](mailto:membership@congregationbethisrael.org)

**Secretary – Shauna Newman**  
[secretary@congregationbethisrael.org](mailto:secretary@congregationbethisrael.org)

**Treasurer – Loren Sloane**  
[treasurer@congregationbethisrael.org](mailto:treasurer@congregationbethisrael.org)

**Ritual Chair – Elyse Kitterman**  
[ritual@congregationbethisrael.org](mailto:ritual@congregationbethisrael.org)

**Past President - Todd Sternfeld**  
**Counsel – Matt Davis**

**Religious School Directors – Susan Heymann and Anna Eisen**  
[education.cbi@congregationbethisrael.org](mailto:education.cbi@congregationbethisrael.org)

**Adult Education/Social Action - Barry Klompus**  
[justice@congregationbethisrael.org](mailto:justice@congregationbethisrael.org)

**House Chair – Bryan Hirsch**  
[house@congregationbethisrael.org](mailto:house@congregationbethisrael.org)

**Communications – Beth van Amerongen**  
[communication@congregationbethisrael.org](mailto:communication@congregationbethisrael.org)

**Development – Cathy Brodows**  
[fundraising@congregationbethisrael.org](mailto:fundraising@congregationbethisrael.org)

**Long Range Planning – Corey Abbot**  
[planning@congregationbethisrael.org](mailto:planning@congregationbethisrael.org)

### CBI Committee Chairs

**Brotherhood – Lew Friedland**  
[brotherhood@congregationbethisrael.org](mailto:brotherhood@congregationbethisrael.org)

**Webmaster –**  
[webmaster@congregationbethisrael.org](mailto:webmaster@congregationbethisrael.org)

**NETTY Teens - Alison and Dale Weiss**  
[nettyadvisor@congregationbethisrael.org](mailto:nettyadvisor@congregationbethisrael.org)

**Oneg – Laura Cohen**  
[oneg@congregationbethisrael.org](mailto:oneg@congregationbethisrael.org)

**Meditation Garden - Christie Perry**  
[garden@congregationbethisrael.org](mailto:garden@congregationbethisrael.org)

**Sisterhood Co-Chairs - Lisa Wax and Susan Heymann**  
[sisterhood@congregationbethisrael.org](mailto:sisterhood@congregationbethisrael.org)

**Bar/Bat Mitzvah Coordinator – Peggy Hanan**  
[bneimitzvah@congregationbethisrael.org](mailto:bneimitzvah@congregationbethisrael.org)

**Caring Committee - Judy Baratz**  
[caring@congregationbethisrael.org](mailto:caring@congregationbethisrael.org)

**CBI Tot Playgroup – Stephanie Paul-Shukis**  
[playgroup@congregationbethisrael.org](mailto:playgroup@congregationbethisrael.org)

**Jewish Federation Liaison - Ron Sivernell**  
[federation@congregationbethisrael.org](mailto:federation@congregationbethisrael.org)

# Congregation Beth Israel

Member Information

Application Date \_\_\_\_\_

Single  Family  Under 35  Senior (over 65)

Family Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Permission to share information

(you will not receive solicitations)

CBI Directory Yes  No

CBI eNewsletter Yes  No

URJ Yes  No

The Jewish Federation Yes  No

Member 1 name: \_\_\_\_\_

Member 2 name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birth date: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_

Profession: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Religious Background

Reform  Conservative  Orthodox  None

Converted to Judaism (year) \_\_\_\_\_

Non Jewish (Religion Practiced) \_\_\_\_\_

Previous Congregation/Affiliation \_\_\_\_\_

Read Hebrew \_\_\_\_\_ Skill level \_\_\_\_\_

Religious Background

Reform  Conservative  Orthodox  None

Converted to Judaism (year) \_\_\_\_\_

Non Jewish (Religion Practiced) \_\_\_\_\_

Previous Congregation/Affiliation \_\_\_\_\_

Read Hebrew \_\_\_\_\_ Skill level \_\_\_\_\_

# Congregation Beth Israel

Child Information

Family Last Name: \_\_\_\_\_

Child 1

First Name	Middle	Last
Birth Date	Expected Bar/Bat Mitzvah Date	Sex
Hebrew Name	Email address	
School/College		Grade/Level
Mailing address if different		
<b>Please check your child's special interests:</b>		
<input type="checkbox"/> Toddler program	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Jr Youth Group (6-8th grade)
<input type="checkbox"/> Religious school	<input type="checkbox"/> Assistant teaching	<input type="checkbox"/> NETTY (9-12 <sup>th</sup> grade)
		<input type="checkbox"/> College age activities

Child 2

First Name	Middle	Last
Birth Date	Expected Bar/Bat Mitzvah Date	Sex
Hebrew Name	Email address	
School/College		Grade/Level
Mailing address if different		
<b>Please check your child's special interests:</b>		
<input type="checkbox"/> Toddler program	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Jr Youth Group (6-8th grade)
<input type="checkbox"/> Religious school	<input type="checkbox"/> Assistant teaching	<input type="checkbox"/> NETTY (9-12 <sup>th</sup> grade)
		<input type="checkbox"/> College age activities

Child 3

First Name	Middle	Last
Birth Date	Expected Bar/Bat Mitzvah Date	Sex
Hebrew Name	Email address	
School/College		Grade/Level
Mailing address if different		
<b>Please check your child's special interests:</b>		
<input type="checkbox"/> Toddler program	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Jr Youth Group (6-8th grade)
<input type="checkbox"/> Religious school	<input type="checkbox"/> Assistant teaching	<input type="checkbox"/> NETTY (9-12 <sup>th</sup> grade)
		<input type="checkbox"/> College age activities

Please tell us about any special needs your children have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have more than three children, please attach an additional page.

# Congregation Beth Israel

Family Information

Family Last Name: \_\_\_\_\_

CBI draws on its members to actively support the congregation and our Jewish community. Information about our members helps us identify opportunities to meet the needs of our congregation and involve you. Please tell us more about your family and what areas you would like to be involved.

Religious Life	Education	Social Activities
<input type="checkbox"/> Worship	<input type="checkbox"/> Religious school planning	<input type="checkbox"/> Tot groups
<input type="checkbox"/> Rituals	<input type="checkbox"/> Adult study	<input type="checkbox"/> Youth advisor
<input type="checkbox"/> Study groups	<input type="checkbox"/> Discussion groups	<input type="checkbox"/> Brotherhood
<input type="checkbox"/> Jewish education	<input type="checkbox"/> Teaching	<input type="checkbox"/> Sisterhood
<input type="checkbox"/> Plan/participate in interfaith activities	<input type="checkbox"/> Plan/participate in special programming	<input type="checkbox"/> Senior groups
	<input type="checkbox"/> Book club	<input type="checkbox"/> Plan/attend special holiday events
		<input type="checkbox"/> Plan/attend parties
		<input type="checkbox"/> Plan/participate in adult-only activities
		<input type="checkbox"/> Preparing food/Oneg setup
		<input type="checkbox"/> Caring committee
		<input type="checkbox"/> Membership committee
		<input type="checkbox"/> Meeting other congregants
		<input type="checkbox"/> Mentoring new congregants

Fund Raising	Administration
<input type="checkbox"/> Planning	<input type="checkbox"/> Membership
<input type="checkbox"/> Telephoning	<input type="checkbox"/> Office volunteer
<input type="checkbox"/> Writing grants	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Social action	<input type="checkbox"/> Service setup
	<input type="checkbox"/> Budget and finance

What special skills, talents or hobbies would you be willing to share with the congregation?

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What would you would like to do as a member of CBI (such as learn Hebrew, explore rituals, meet other families)?

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Are there special needs with which you would like assistance?

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Is there anything else you would like us to know about you?

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# Congregation Beth Israel

## Financial Pledge for Membership Dues

Membership dues provide the necessary funds to cover operating costs of the synagogue, including, but not limited to mortgages, Rabbi's salary, utilities, social events and communications. The fiscal year runs from August 1 through July 31 of the following year.

Category	Description	Membership Commitment			
		Year 1		Ongoing	
		Monthly	Annually	Monthly	Annually
<b>Single, Under 35</b>	Individual, under age 35, with or without dependent children. Exempt from Capital Fund pledge for first year.	\$36	\$432	\$65	\$775
<b>Couple, Under 35</b>	Couple, both adults under age 35, with or without dependent children. Exempt from Capital Fund pledge for first year.	\$72	\$864	\$129	\$1,550
<b>Single, 35-64</b>	Individual, over age 35 and under age 65, with or without dependent children			\$65	\$775
<b>Couple, 35-64</b>	Couple, either over age 35 and both under age 65, with or without dependent children			\$129	\$1,550
<b>Single, over 65</b>	Individual, 65 or over; exempt from Capital Fund pledge			\$65	\$775
<b>Couple, over 65</b>	Couple, either adult age 65 or over; exempt from Capital Fund pledge			\$129	\$1,550
<b>Adult child</b>	Child (and his/her spouse, if any) of a member in good standing upon graduation from college or otherwise ceasing to be a dependent of the member; one year eligibility only	Free	Free		
<b>Associate member</b>	Must be a dues paying member in good standing at another congregation in DFW area. No voting privileges; cannot be a board member; and children not eligible for religious school. Does include High Holiday tickets				\$475

For those who are able to contribute more, which helps to provide dues for those who cannot, the following levels are suggested.

Category	Membership Commitment	
	Monthly	Annually
<b>Chai Member</b>	\$150	\$1,800
<b>Chai and a Half Member</b>	\$225	\$2,700
<b>Double Chai Member</b>	\$300	\$3,600
<b>Triple Chai Member</b>	\$450	\$5,400

# Congregation Beth Israel

## Financial Pledge for Capital Fund

It is every member's responsibility to participate in the Capital Fund which will be applied toward various capital requirements as established and approved by the members of Congregation Beth Israel. Contributions are to be paid over a period of five years and are billed along with membership dues and follow the fiscal year.

Donation levels are as follows:

Category	Five Year Capital Fund Commitment
Standard	\$5,000
Bronze	\$10,000
Silver	\$15,000
Gold	\$25,000
Platinum	\$50,000
Single members/Single parents	\$2,500
Under 35	Waived first year
Senior (over 65)	Waived

No one will be turned away because of financial difficulty. Any person who cannot meet the payment minimums may contact the Membership Chair to request a confidential variance at [membership@congregationbethisrael.org](mailto:membership@congregationbethisrael.org).

Charitable donations may be tax deductible. Contact your tax professional for advice.

# Congregation Beth Israel

Financial Contribution

Family Name \_\_\_\_\_

## Membership

I/We agree to duly observe the provisions of the By-Laws of Congregation Beth Israel and pledge to pay dues, being the sum of

\$\_\_\_\_\_ per annum, as a requirement of membership in the Congregation. I/We agree to contribute:

\$\_\_\_\_\_ Annually

\$\_\_\_\_\_ Semi-Annually

\$\_\_\_\_\_ Quarterly

\$\_\_\_\_\_ Monthly (Direct Debit Only)

## Capital Fund

I/We pledge to the Capital Fund, the sum of

\$\_\_\_\_\_ to be paid on the following basis until paid in full:

\$\_\_\_\_\_ Annually

\$\_\_\_\_\_ Semi-Annually

\$\_\_\_\_\_ Quarterly

\$\_\_\_\_\_ Monthly (Direct Debit Only)

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

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

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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

To help keep administrative costs of mailings statements down, CBI request that you consider doing direct debit for your contributions.

Please return this completed form with your first payment toward Membership and the Capital Fund. Make checks payable to "Congregation Beth Israel". A signed Direct Debit form may be submitted with this form in lieu of payment.

Any person who cannot meet the payment minimums may contact the Membership Chair at [membership@congregationbethisrael.org](mailto:membership@congregationbethisrael.org) to request a Variance.

Charitable donations may be tax deductible. Contact your tax professional for advice.

# Direct Debit Authorization for Congregation Beth Israel

Please fill out all blank spaces.

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Company Name Congregation Beth Israel

I/We hereby authorize Congregation Beth Israel hereafter called COMPANY to initiate debit entries to my (hour) Checking account indicated below and the depository named below, hereafter called DEPOSITORY, to debit the same to such account.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit /ABA No. 

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Account No. 

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This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name \_\_\_\_\_  
(Please Print)

Signed \_\_\_\_\_

Date \_\_\_\_\_

Amount Authorized \_\_\_\_\_ Circle Frequency    Monthly    Quarterly    Semi-Annually    Annually  
15th \_\_\_\_\_ or 30th \_\_\_\_\_    Date of requested withdrawal