

The Battery Park Synagogue

2018-2019/5779 Membership Registration Form

Please complete the following information for our membership records. If you prefer that certain information **not** be included in the *BPS Member's Directory*, please check the appropriate box on the right.

Name(s): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Daytime Phone: _____ Night-time Phone: _____

e-mail address: _____ I am a new member referred by: _____

your minor children:

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Enclosed please find my/our check payable to *The Battery Park Synagogue* for:

- \$475 Individual Membership \$750 Single Adult Family Membership \$1,000 Two Adult Family
 \$400 Senior Individual Membership (70+) \$700 Senior Couple Membership (70+)
 High Holiday tickets **only** @\$300/person Would you like a *High Holiday* English reading or honor?

Yarzeit Information

Would you like to receive a notice for the annual yarzeit of a family member or loved one? Please fill out the information below to receive a reminder to say kaddish on the Shabbat immediately following the anniversary date.

Name (English & Hebrew): _____ Date of Death (Secular calendar): _____

Name (English & Hebrew): _____ Date of Death (Secular calendar): _____

Would you like to remember or honor a loved one by donating an inscribed prayer book?

Please include \$50 for each book and please indicate Machzor or Siddur or Chumash

Name(s) of Honoree(s): _____

Sentiment (e.g. "in loving memory of...", in celebration of the marriage of...") (include extra pages as needed):

Would you like to remember a loved one in the 2018-2019/5779 Battery Park Synagogue *Yizkor Book* to be distributed on Yom Kippur morning and used at Yizkor services throughout the year?

If yes, please provide the following information (include extra pages as necessary)

Name(s) of departed: _____

Sentiment: _____

Check size and include amount indicated for each entry: **1/4 page** (\$45) **1/2 page** (\$80) **full page** (\$150)

Please consider an additional tax deductible contribution to the:

General Operating Fund \$ _____ **Sisterhood** \$ _____

Pauline Lustig Yourdon Torah Fund \$ _____ **Aron Kodesh Fund** \$ _____

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• e-mail: info@bpsynagogue.net •

...serving the downtown community since 1986