

Membership Application

July 1, 2024 - June 30, 2025

Welcome to Congregation B'nai Harim at the Nevada County Jewish Community Center (NCJCC). We are a diverse, welcoming community embracing traditional and non-traditional families, singles, and both partners of interfaith marriages. We are a Reform Jewish congregation and Jewish Community Center, and we offer regular religious services, a vibrant Sunday School and Hebrew School, and many other cultural and community celebrations and events.

Our anticipated annual operational expenses per membership unit (individuals/families) for the 2024-2025 membership year is \$1,800. As a community that welcomes all regardless of financial status, we understand that some individuals/families may be able to pay more while others may only be able to pay less. Together as a community our goal is to meet our operating expenses to continue serving you.

Please contact Jan Brenner, Membership Director, to make special, confidential arrangements at (530) 798-0199 or jelbrenner@comcast.net.

Suggested Membership Donation:

Two Adults (with or without children)	\$800-\$4,000
Single Adult (with or without children)	\$600-\$2,500
One or Two Adults (with or without children) operating cost pledge	\$1800

**Adult children, post-college age, should fill out their own membership form.*

School Fees (in addition to membership):

First Child (K-8)	\$500.00	Preschool/Rabbi Kids	\$250.00
Second Child (K-8)	\$400.00	Hebrew School Per Student	\$300.00
Third Child (K-8)	\$300.00	Bar/Bat Mitzvah Suggested Donation	\$1000.00

My Annual Membership Pledge for 2024-2025 is: \$ _____

My School Fees for 2024-2025 are: \$ _____

Total Due: \$ _____

I will pay: In full Quarterly Semi-Annually Monthly

*Payment may be made by check or online bill pay through your financial institution. For Visa or Mastercard visit www.ncjcc.org and click green "Donate Now" button which can be found by hovering over the "About Us" tab at the top of the page and selecting "Join" in the dropdown menu. *Please indicate what payment is for and submit this form. If paying by Visa/Mastercard, we request that you add 3% credit card processing fee.*

Name: _____ Occupation: _____ Birthdate (m/d/yr): _____

Name: _____ Occupation: _____ Birthdate (m/d/yr): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Work: _____

Email(s): _____

Childs Name: _____ Hebrew Name: _____ Birthdate (m/d/yr): _____ Student? ___ Grade ___

Childs Name: _____ Hebrew Name: _____ Birthdate (m/d/yr): _____ Student? ___ Grade ___

Childs Name: _____ Hebrew Name: _____ Birthdate (m/d/yr): _____ Student? ___ Grade ___

Signature: _____ Name (printed): _____ Date: _____