



Columbia Jewish Congregation

Wherever you are in your journey, you are welcome here.

5885 Robert Oliver Place, Columbia, MD 21045  
www.columbiajewish.org

Phone 410-730-6044  
FAX 410-740-9323  
Email cjc@columbiajewish.org

Date \_\_\_\_\_

## Membership Information Form

The information you furnish CJC will be kept confidential. It is intended only for our records and to help us better serve you and your family.

How did you hear about CJC? \_\_\_\_\_

If referred by a CJC Member, please list their name \_\_\_\_\_

### MEMBER #1 *(Please print)*

#### Personal Information

Mr. Mrs. Dr. Ms. Hon. First and Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Pronouns \_\_\_\_\_

Marital Status Married Divorced Single Widowed Partnered Anniversary Date \_\_\_\_\_

Email Address \_\_\_\_\_ Hebrew Name \_\_\_\_\_

#### Business Information

Occupation/Profession \_\_\_\_\_ Specialization \_\_\_\_\_

Title \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ May we call you here? Yes No FAX \_\_\_\_\_

Email Address \_\_\_\_\_

#### Prior Affiliation

Congregation \_\_\_\_\_ City/State \_\_\_\_\_

At Columbia Jewish Congregation from \_\_\_\_\_ to \_\_\_\_\_

#### Parents

Yahrzeit Date *(if applicable)*

English Hebrew

Parent's Full Name \_\_\_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_

Parent's Full Name \_\_\_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_

Parent's Full Name \_\_\_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_

#### Additional Yahrzeit *(Anniversary of death of loved one)*

English Hebrew

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_ Month \_\_\_ Day \_\_\_ Year \_\_\_

**MEMBER #2** *(Please print)*

**Personal Information**

Mr. Mrs. Dr. Ms. Hon. First and Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Pronouns \_\_\_\_\_  
Marital Status Married Divorced Single Widowed Partnered Anniversary Date \_\_\_\_\_  
Email Address \_\_\_\_\_ Hebrew Name \_\_\_\_\_

**Business Information**

Occupation/Profession \_\_\_\_\_ Specialization \_\_\_\_\_  
Title \_\_\_\_\_ Firm Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ May we call you here? Yes No FAX \_\_\_\_\_  
Email Address \_\_\_\_\_

**Prior Affiliation**

Congregation \_\_\_\_\_ City/State \_\_\_\_\_  
At Columbia Jewish Congregation from \_\_\_\_\_ to \_\_\_\_\_

**Parents**

Parent's Full Name _____	Yahrzeit Date <i>(if applicable)</i>	
	English Month ___ Day ___ Year ___	Hebrew Month ___ Day ___ Year ___
Parent's Full Name _____	Month ___ Day ___ Year ___	Month ___ Day ___ Year ___
Parent's Full Name _____	Month ___ Day ___ Year ___	Month ___ Day ___ Year ___

**Additional Yahrzeit *(Anniversary of death of loved one)***

Name _____ Relationship _____	English Month ___ Day ___ Year ___	Hebrew Month ___ Day ___ Year ___
Name _____ Relationship _____	Month ___ Day ___ Year ___	Month ___ Day ___ Year ___
Name _____ Relationship _____	Month ___ Day ___ Year ___	Month ___ Day ___ Year ___

**CHILDREN**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Secular/Full time School \_\_\_\_\_ Grade \_\_\_ B'Mitzvah Date \_\_\_\_\_  
Pronouns \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Secular/Full time School \_\_\_\_\_ Grade \_\_\_ B'Mitzvah Date \_\_\_\_\_  
Pronouns \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Secular/Full time School \_\_\_\_\_ Grade \_\_\_ B'Mitzvah Date \_\_\_\_\_  
Pronouns \_\_\_\_\_

*If there is insufficient space, please attach a separate sheet with information about the rest of your family.*

Many of our children have another parent who is not a member of CJC, but should be contacted in case of medical emergency. Please list their information below.

Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**COLUMBIA JEWISH CONGREGATION WELCOMES INTERFAITH FAMILIES**

In order to be sensitive to the needs of our congregants during life cycle events please indicate if you are an interfaith family Yes \_\_\_ No \_\_\_

**INVOLVEMENT**

Columbia Jewish Congregation sponsors a variety of activities and invites your participation and help in organizing in as many of them as you wish. Please indicate your interest below so a member may call you with additional information.

Activity	Parent 1	Parent 2	Child 1	Child 2	Child 3
Adult Choir					
Adult Education					
Being Gabbai					
Blowing Shofar					
Chapter 2 Day Trippers					
Chevra Kaddisha (burial society)					
Computer/Technical					
Cooking/Baking					
Empty Nesters					
Family Mishpacha Groups					
Film Series					
Independent Study for Teens					
Israeli Dancing					
Learning to Read Hebrew					
Learning to Lead Services					
Marketing					
Photography/Videography					
Youth/Teen Choir					
Youth Aides in CJCS					
Youth Group					

If any family members are interested in helping to organize services please indicate the family members name(s) next to the type of service they would be interested in:

\_\_\_\_\_ Days of Awe (High Holy Days)      \_\_\_\_\_ Shabbat Evening (Friday Nights)      \_\_\_\_\_ B'Yachad  
 \_\_\_\_\_ Chavurah (Saturday Mornings)      \_\_\_\_\_ Oneg Shabbat (Friday Nights)      \_\_\_\_\_ TOT Shabbat

If any family members are interested in serving on a committee, please indicate the family members names next to the committee they would be interested in:

\_\_\_\_\_ Social Action      \_\_\_\_\_ Membership      \_\_\_\_\_ Publicity      \_\_\_\_\_ Gift Shop  
 \_\_\_\_\_ Event Planning      \_\_\_\_\_ Caring      \_\_\_\_\_ Library      \_\_\_\_\_ Green Team  
 \_\_\_\_\_ Religious Practices      \_\_\_\_\_ Cultural Events      \_\_\_\_\_ Social Events

If any family members are interested in teaching in the Columbia Jewish Community School (CJCS), please indicate their name.

Name \_\_\_\_\_



Columbia  
Jewish  
Congregation

Wherever you are in your journey, you are welcome here.

## 2024-2025 Membership Pledge Form

By this pledge, I/we are making a financial commitment to Columbia Jewish Congregation for the fiscal year beginning July 1, 2024 and are requesting to be included among the membership of the Congregation, with all rights of membership. This pledge is submitted on behalf of \_\_\_\_\_ (#) adults in our household, who are named below. (*Children who will be under age 26 as of July 1, 2024 and are living in the same household as their parents need not be counted.*)

Adult Member 1 \_\_\_\_\_ Adult Member 2 \_\_\_\_\_

Adult Member 3 \_\_\_\_\_ Adult Member 4 \_\_\_\_\_

### Wherever you are in your journey, there is a pledging level for you

- Sharing your good fortune to help CJC grow and help others: \$1800 (or more) per adult member
- Ensuring CJC's health and vibrancy: \$1600 (or more) per adult member
- SUSTAINING CJC: \$1498 per adult member**
- It has been a hard year: \$1000 (or less) per adult member
- Other

**TOTAL HOUSEHOLD PLEDGE AMOUNT** (pledge per adult x number of adults) \$ \_\_\_\_\_

### My/our pledge will be paid:

- in a lump sum by September 1, 2024
- 1/2 by September 1, 2024 and 1/2 by March 1, 2025
- in four equal quarterly payments (July, October, January, April)
- in 12 equal monthly payments

**My/our mailing address:** \_\_\_\_\_

**My/our primary telephone number(s):** \_\_\_\_\_

### My/our email address(es):

**Name:**

**Email Address:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of one Adult Member making this pledge:** \_\_\_\_\_

**Date of this Pledge:** \_\_\_\_\_

**WAYS TO RETURN YOUR PLEDGE FORM**  
**PLEASE RETURN PLEDGE FORM BY MARCH 30, 2024.**

**Online:** <https://columbiajewishcongregation.shulcloud.com/form/2005MemPledge>

**By US Mail:** Columbia Jewish Congregation, 5885 Robert Oliver Place, Columbia, MD 21045

**By Email:** [robin@columbiajewish.org](mailto:robin@columbiajewish.org)

**COLUMBIA JEWISH CONGREGATION**

5885 Robert Oliver Pl, Columbia, MD 21045 • 410.730.6044 • [www.columbiajewish.org](http://www.columbiajewish.org) • [cjc@columbiajewish.org](mailto:cjc@columbiajewish.org)