

Membership Renewal Checklist

All Members:		
<input type="checkbox"/>	Member Directory Preferences (white)	Optional/on this form below
<input type="checkbox"/>	Call for Volunteers (white)	Optional/in this packet
<input type="checkbox"/>	Photo Release Form (white)	Required/ in this packet
<input type="checkbox"/>	Statement (white) Form titled "Statement"	No Action Needed -If you wish to make changes make them on the financial worksheet
<input type="checkbox"/>	Family Profile Sheet (tan)	Optional – make changes on the report
<input type="checkbox"/>	Financial Worksheet/Payment Option Form (green)	Required -If you would like to make changes (Form is double-sided)
<input type="checkbox"/>	Sisterhood Membership Application (pink)	Optional -don't forget to attach payment directly to the Sisterhood
<input type="checkbox"/>	Membership Grant Application (lavender)	If requested – must be included w/ membership application Also available for download at: http://www.ctjmb.org/Join_CTJ

Member Families with Children in CTJ's Religious School:		
<input type="checkbox"/>	Religious School Application (yellow)	Required
<input type="checkbox"/>	CTJ Retreat Release Form	Required (for each child in 4-7th grade)
<input type="checkbox"/>	CTJ Retreat Release Form	Optional (for 3 rd grade; 8 – 12 th grades)
<input type="checkbox"/>	Camp Release Form	Required (for each child in 4-7th grade)
<input type="checkbox"/>	Camp Release Form	Optional (for 3 rd grade; 8 – 12 th grades)
<input type="checkbox"/>	Emergency Card(s)	Required (for each child)

Member Directory Preferences

Our membership directory includes member's names, home phone number, home address and adult's email addresses, as well as the names and ages of children up to the age of 22.

You will be automatically included in the Directory unless you select one of the following:

- No**, do not include my family in the Member Directory
- Yes**, include my family but with these restrictions: _____



Family Name: _____

Congregation Tikvat Jacob Membership Renewal Packet 2011-12

Call for Volunteers

To keep our congregation thriving, we depend on the energy and talents of our members.

About 90% of the work is being done by volunteers, so we are asking for your help!

Please choose as many ways in which you might be willing to help, and we will contact you in the near future for details or when such help is needed.

Please indicate WHO in your family can help with each task.

Volunteer Name:		
	Ritual	Torah / Haftarah Chanting
		Lead Service
	CTJ Operations	Office Assistance: mailing, filing, gift wrapping, etc.
		Shopping for food (we send out e-mail, you respond if you can)
		Telephone Tree
		Food Preparation for events
		Website Skills
		Membership Gift Drop Off
		Membership Phone Calls
	Support	Preparing and bringing dinners for ill / mourning congregants
		Driving elderly congregants to services
	Committees	Marketing & Communications Committee
		Membership Committee
		Social Action Committee
		School Board
		Ritual Committee
		Development Committee
		Facilities Committee
		Development/Fundraising Committee
		Gala/Annual Event Committee
		Fundraising Committee
		Other skills, specify:



Photo Release Form

Congregation Tikvat Jacob occasionally uses photographs of members and events in its publications and on its Web site. Please sign this release form to grant CTJ permission to use your and/or your child's photo.

I hereby grant permission to Congregation Tikvat Jacob to use my photograph on its Web site or in other official printed publications without further consideration, and I acknowledge CTJ's right to crop or treat the photograph at its discretion. I also acknowledge that Congregation Tikvat Jacob may choose not to use my photo at this time, but may do so at its own discretion at a later date. Congregation Tikvat Jacob reserves the right to discontinue use of photos without notice. I also understand that once my image is posted on CTJ's Web site, the image can be downloaded.

Therefore, I agree to indemnify and hold harmless from any claims the following:

- Board of Directors, Congregation Tikvat Jacob
- All Employees, Congregation Tikvat Jacob

	Adult 1	Adult 2
I agree to these terms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature		
Date		

For persons under the age of 18, the permission of a parent or guardian is required on this Photo Release Form. Please list the names of all your minor children.

	Child 1	Child 2	Child 3	Child 4	Child 5
Name					
I agree to these terms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of parent or guardian: _____ Date: _____

