



# Congregation B'nai Israel

The Rabbi Henry Cohen Memorial Temple

*Strengthening Jewish identities and Jewish values since 1868.*

01 January 2018 // 14 Tevet 5778

## Re: Not a "Membership Form" but a "Relationship Form"

Greetings from Congregation B'nai Israel,

At CBI, we have proudly strengthened Jewish identities and Jewish values in the greater Galveston Bay area since 1868. Through Reform Jewish prayer, study and acts of loving-kindness, our Congregation creates an intimate and inclusive community of faith that energizes the spiritual fulfillment of all its members. We invite you to take a look at the attached pamphlet of selected programs and services as well as come by for a visit! We'd love to see you!

As we strive to deepen the relationships within our Congregation, we actively reach out to widen our connections with the general community, sharing with them the beauty of our Jewish heritage: "pursuing justice, loving mercy and walking humbly with God." (Micah 6:8) In fact, over the years, our members have contributed significantly to the success of Galveston and the State of Texas as philanthropic as well as civic, medical as well as rabbinical leaders.

More than belonging, we want you to become part of our dynamic and historic Congregation. Focusing less on membership and more on relationships, we ask our congregants not for dues but for an Annual Financial Commitment that will enable our Congregation to continue the meaningful and transformative efforts in which we are collectively and consistently engaged. Right now, that enormous, sacred task costs about \$170 a month or \$2000 a year, per family.

So, how much will your family contribute to this critical mission of strengthening Jewish identities and Jewish values? How much will you invest to ensure Judaism remains a vital presence in the area? How much will you donate so that there are Sabbath and holiday observances, enriching Jewish education for the youth and adults, transformational interfaith engagements, rabbinic support in difficult times and celebrations in joyous times? How much is completely up to you!

We want you to become part of the CBI mission. In doing so, you'll get so much more out of it than what our programs and services themselves can provide; you'll be gaining an extended family, who will lend their support to your family, enabling every aspect of life to become more inspiring. If you are interested, we kindly ask that you fill out the attached form and send it in with your Annual Financial Commitment for this first fiscal year (January-December).

Thank you and we look forward to speaking with you and seeing you soon!

  
Rabbi Marshal Klaven  
CBI Rabbi

  
Sandy Richbook  
CBI President

Congregation B'nai Israel

P.O. Box 8060, Galveston, TX 77554 • [www.cbigalveston.org](http://www.cbigalveston.org) • 409-765-5796



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## Annual Financial Commitment Form for New Congregants

To Congregation B'nai Israel's Board of Trustees:

I/We hereby express the desire to become congregants of Congregation B'nai Israel – The Henry Cohen Memorial in Galveston, TX. I/We know that the support CBI offers through its programs and services to strengthen Jewish identities and Jewish values of its congregants and community cost \$2000 per family, per year. In commitment to the meaningful mission of our new community of faith, I/we now proudly pledge \$\_\_\_\_\_ for the present fiscal year.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Payment Options:**

For your convenience, Congregation B'nai Israel offers two ways to make your Annual Financial Commitment: check or PayPal. Please indicate your preferred payment option by checking only one line below:

	Monthly	Quarterly	Semi-Annually	Annually
1. I would like my Commitment to be made by check. (Please attach.)	_____	_____	_____	_____
2. I would like my Commitment to be made by PayPal. (Click the PayPal link on our website: <a href="http://www.cbigalveston.org">www.cbigalveston.org</a> )	_____	_____	_____	_____

***"Kol Yisrael arevim zeh b'zeh // All Jews are responsible for one another."***

BT Shavuot 39a

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**New Congregant(s) Information:** Please Print Legibly

Family Member 1:

\_\_\_\_\_  
Professional Title or Prefix, First Name, Middle Name, Last Name, Suffix

\_\_\_\_\_  
Full Hebrew Name (if known and/or applicable)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Wedding Anniversary (if applicable)

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

\_\_\_\_\_  
Mobile Number

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

\_\_\_\_\_  
Occupation

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

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Work Phone Number

Jewish (circle one):    Yes        No

If no, do you adhere to another faith tradition (circle one):    Yes        No

If yes above, which faith tradition: \_\_\_\_\_

Relationship to any current member of Congregation B'nai Israel:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Currently a congregant of another Congregation (circle one):    Yes        No

If yes, which one? \_\_\_\_\_

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Formerly a congregant of another Congregation (circle one):    Yes    No

If yes, which one? \_\_\_\_\_

Family Member 2:

\_\_\_\_\_  
Professional Title or Prefix, First Name, Middle Name, Last Name, Suffix

\_\_\_\_\_  
Full Hebrew Name (if known and/or applicable)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Wedding Anniversary (if applicable)

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

\_\_\_\_\_  
Mobile Number

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

\_\_\_\_\_  
Occupation

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

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Work Phone Number

Jewish (circle one):    Yes    No

If no, do you adhere to another faith tradition (circle one):    Yes    No

If yes above, which faith tradition: \_\_\_\_\_

Relationship to any current member of Congregation B'nai Israel:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

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Currently a congregant of another Congregation (circle one):    Yes    No

If yes, which one? \_\_\_\_\_

Formerly a congregant of another Congregation (circle one):    Yes    No

If yes, which one? \_\_\_\_\_

Children (if applicable):

1. \_\_\_\_\_

Full English Name

\_\_\_\_\_

Full Hebrew Name (if known)

\_\_\_\_\_

Date of Birth

2. \_\_\_\_\_

Full English Name

\_\_\_\_\_

Full Hebrew Name (if known)

\_\_\_\_\_

Date of Birth

3. \_\_\_\_\_

Full English Name

\_\_\_\_\_

Full Hebrew Name (if known)

\_\_\_\_\_

Date of Birth

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Persons in Your Household Other Than Your Children (if applicable)	1.	_____	
		Full English Name	
		_____	_____
		Relationship to Household	Date of Birth
	2.	_____	
		Full English Name	
		_____	_____
		Relationship to Household	Date of Birth
	3.	_____	
		Full English Name	
		_____	_____
		Relationship to Household	Date of Birth

If you have any cemetery plots, please indicate their location and number as well as any special instructions you may have:



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Those whose memories are remembered for a blessing from your household are:

	<u>Name</u>	<u>Relationship</u>	<u>Date of Death</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

In case of Emergency, please contact the following individual (not in the household):

_____	_____	_____
Full English Name	Relationship	Phone Number

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