

# The Battery Park Synagogue

## 2020-2021/5781 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 2020-2021/5781 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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