2026-2027 NEW MEMBERS PLEDGE FORM

Print out & mail to: *Congregation for Humanistic Judaism*
28611 W. Twelve Mile Rd., Farmington Hills, Michigan 48334

CONGREGATION FOR HUMANISTIC JUDAISM OF METRO DETROIT
FOUNDED AS THE BIRMINGHAM TEMPLE

Thank you for joining our unique congregation. We have no fixed dues … you determine your own level of support and renew annually. Pledge levels are not membership levels … all memberships are equal and fully inclusive of most programs, including children's & family education (except for a small materials fee).

MEMBERSHIP PERIODS ARE FROM JULY 1 – JUNE 30. RENEWALS ARE NOT AUTOMATIC AND ARE AFFIRMED EACH YEAR. (If you're newly joining in the middle of the membership year, you might consider selecting a "Contributing Level" appropriate to the time remaining.)

PLEDGE

Please affirm your membership to the Congregation for Humanistic Judaism with a pledge at the following level:

Sustaining Level

To help reinforce our community and strengthen our ability to reach into the future.

- ☐ **$4,250 / Family Membership Sustaining Pledge**
  (for households with more than one adult member)
- ☐ **$3,050 / Individual Membership Sustaining Pledge**

Supporting Level

To help maintain our current programming, education, and outreach.
(This level generally corresponds to the amount previously described as "dues.")

- ☐ **$2,800 / Family Membership Supporting Pledge**
  (for households with more than one adult member)
- ☐ **$1,650 / Individual Membership Supporting Pledge**

Contributing Level

To make a significant contribution of our (my) choosing. Please circle "Family" or "Individual Membership" below:

- ☐ $_____ **Family** or **Individual** Membership Contributing Pledge

PAYMENT OPTIONS

- ☐ I am including a check with this form.
- ☐ Please contact me so I may pay by credit card.
- ☐ I will contribute **monthly** with PayPal. (You can set this up at www.chj-detroit.org using the "Donations & Payments" link. (*Requires free PayPal registration*).
- ☐ Please invoice me.

Signature:_____ Date:_____

CONTACT INFORMATION:

Adult Member 1:		Date of Birth:	
Adult Member 2:		Date of Birth:	
Address:			
Phone 1:			
Phone 2:			
Email 1:			
Email 2:			

EMERGENCY CONTACT (Name & Phone): _____

CHILDREN'S NAME AND BIRTHDATES (if applicable):

NAME	BIRTHDATE

Permission to use photos or video in the following publications:

Adults ☐ Congregational print and online materials ☐ Other print and online publications

Children ☐ Congregational print and online materials ☐ Other print and online publications

Anticipated life cycle events:

Life cycle events are a meaningful part of Jewish life. If you anticipate any events in the upcoming year, we would love to take part. Please note these events will incur additional fees for space, staff, and materials. When planning your event please contact the office for **details** and **current pricing**.

Yahrzeits *(anniversaries of deaths of loved ones acknowledged at services).* Please list all names, the relationships to members (e.g., "Joe's mother"), and date of death:

NAME	RELATIONSHIP TO WHOM	DATE OF DEATH

You may list as many as you would like on a separate sheet or send to office@chj-detroit.org.