

**2024-2025 CHJ NEW MEMBERS PLEDGE FORM**  
**Print out & mail to:** *Congregation for Humanistic Judaism*  
*28611 W. Twelve Mile Rd., Farmington Hills, Michigan 48334*



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 in 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.*

- \$3,850 / Family Membership Sustaining Pledge**  
*(for households with more than one adult member)*
- \$2,750 / 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.")*

- \$2,510 / Family Membership Supporting Pledge**  
*(for households with more than one adult member)*
- \$1,500 / 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](http://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:** Please indicate the dates and types of any life cycle ceremonies you may require during the next twelve months.

**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](mailto:office@chj-detroit.org).