



ASSOCIATE MEMBERSHIP APPLICATION

Adult Member

Name _____ Hebrew Name _____

Address _____ City, State, Zip _____

DOB _____ E-mail _____

Tel (H) _____ (W) _____ (C) _____

Non-member spouse/partner to be listed in the directory _____

Adult Member

Name _____ Hebrew Name _____

Address _____ City, State, Zip _____

DOB _____ E-mail _____

Tel (H) _____ (W) _____ (C) _____

Children

Name _____ Hebrew Name _____ DOB _____

Name _____ Hebrew Name _____ DOB _____

Name _____ Hebrew Name _____ DOB _____

Name _____ Hebrew Name _____ DOB _____

Commemorative Dates

Name	Mo/ Day / <u>Please include the year!</u>	Mourned by:
_____	____ / ____ / ____ <input type="radio"/> Birthday <input type="radio"/> Anniversary <input type="radio"/> Yahrzeit	_____
_____	____ / ____ / ____ <input type="radio"/> Birthday <input type="radio"/> Anniversary <input type="radio"/> Yahrzeit	_____
_____	____ / ____ / ____ <input type="radio"/> Birthday <input type="radio"/> Anniversary <input type="radio"/> Yahrzeit	_____
_____	____ / ____ / ____ <input type="radio"/> Birthday <input type="radio"/> Anniversary <input type="radio"/> Yahrzeit	_____

Please select if Hebrew date is preferred for Yahrzeit observance.

Unless you tell us otherwise, the information provided in this membership form (address, phone, e-mail, etc.) will appear in our membership directory and be used to send you congregational announcements as well as our newsletter, HaMaagal.



Membership Application

Briefly tell us why you wish to become an associate member of Congregation Bet Haverim.

Lined area for the membership application response.

Please list the synagogue and address of your current membership:

Applicable if living in the Atlanta area.

Lined area for listing current synagogue membership.

CBH reserves the right to contact your current synagogue to verify membership or request proof of membership.



AREAS OF INTEREST

Lend a hand

If you have talents that might better be used solo, this is the page for you! Please let us know what talents or resources you may be able to offer the community. Circle items below or write in something new.

- | | | |
|--|--|-----------------------|
| Handyman | Painting | Yardwork, Landscaping |
| Proofreading | Carpentry | Computer/IT |
| Graphic Design | Party Planning | Playing host/hostess |
| Photography | Video editing | Marketing/PR |
| Leyning | Gabbai Rishon | Lay leading services |
| Fundraising | Ritual Design | Yoga |
| Reading Hebrew | Substitute teaching on Sunday mornings (a paid gig!) | |
| Dancing | Cooking | |
| Playing an instrument (which one?) _____ | | |
| Teaching (what subject? Adults or kids?) _____ | | |
| What have we missed? _____ | | |

Resources to share

- I'm available during the day on weekdays to help in the office.
- I'm available evenings and weekends to care for the building during gatherings at CBH.
- I have a truck for schlepping.
- I'm strong and can help with heavy lifting.
- I can offer rides to services (which neighborhood(s)?) _____

Are you interested in joining the CBH Chorus?

If so, please contact our Music Director Gayanne Geurin at gayannegeurin@gmail.com

Stay connected to our CBH community though our CBH Member-to-Member Googlegroup:

A place where members share information ranging from upcoming events to interesting articles to chiropractors. This listserv is not used for official communication from the CBH office, though reminders are sometimes posted here.

ASSOCIATE MEMBERSHIP DUES

The CBH office will contact you once your membership application has been reviewed and voted upon by the Board of Directors at the monthly board meeting.

Associate Membership – I/we would like to join as an Associate Member(s).

*Associate Member dues - \$18/month = \$216/year

We truly appreciate your support as an Associate Member! Please take into account that operating costs are extensive for CBH. Please consider an additional contribution or higher level Associate Membership if you are able. Thank you!

_____ Higher Level Associate Dues Amount

Please complete the following:

Yearly Membership Dues amount	\$ _____
Prorated membership Dues for 20_____	\$ _____
(100% for Jan-March; 75% for April-June; 50% for July-Sept; 25% for Oct-Dec)	
Additional Contribution (optional)	\$ _____

Please enclose check for first payment payable to Congregation Bet Haverim or note credit card information to be charged below:

VISA, MC, or Discover number _____

Expiration date _____ Security code _____

*Please note that there is a 2.5% convenience charge for all credit card transactions.

I/we will pay remaining dues balance:

- Annually (in full with this form)
- Quarterly (January/April/July/October)
- Monthly

CERTIFICATION

I/we wish to be enrolled as associate members of Congregation Bet Haverim. I/we have read and understand the dues schedule and affirm that the dues pledged on this form accurately reflects my/our annual income and will provide income verification if requested. I/we understand that completing this form and returning it along with indicated dues and fees is a requirement of membership in Congregation Bet Haverim.

Signature: _____ Date: _____