



## 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 /Please include the year!	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.**



**Membership Application**

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

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**Please list the synagogue and address of your current membership:**

*Applicable if living in the Atlanta area.*

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

## AREAS OF INTEREST

At CBH, we thrive as a community with the support of our members. There are many opportunities for you to be a part of our family. Please let us know where your interest or talent lies.

### CBH Community School Education

We are thrilled to have two committees that support our religious school.

- **Education Strategy Team**– develops educational goals, structures, and programs to support education across all generations.
- **Parent Engagement Team** – acts as a PTO for our religious school to support the teachers and coordinate holiday programming.

Your Name \_\_\_\_\_ Committee \_\_\_\_\_

Your Name \_\_\_\_\_ Committee \_\_\_\_\_

### CBH Care Team

Helps community members in need by proving a meal, transportation, or helping with shopping.

Your Name \_\_\_\_\_

Your Name \_\_\_\_\_

### Tikkun Olam Committee

Coordinates social outreach action projects; outreach to the greater LGBTQ and Atlanta communities; recruits volunteers to prepare and serve meals at The Temple's homeless shelter and other Atlanta facilities.

Your Name \_\_\_\_\_

Your Name \_\_\_\_\_

**Our Tikkun Olam Committee would like to know what areas you are currently involved in:**

- |   |  |
|---|--|
| <input type="checkbox"/> LGBTQ          | <input type="checkbox"/> Refugees / International Human Rights |
| <input type="checkbox"/> Israel         | <input type="checkbox"/> Economic Justice                      |
| <input type="checkbox"/> Environment    | <input type="checkbox"/> Homelessness and Food Security        |
| <input type="checkbox"/> Racial Justice |  |

**Occasionally we need help with simple tasks around CBH; do you have a skill:**

- |                                      |                                   |  |
|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Handyman    | <input type="checkbox"/> Painting | <input type="checkbox"/> Yardwork, Landscaping |
| <input type="checkbox"/> Other _____ |                                   |  |

**Are you interested in joining the CBH Chorus?**

If so, please contact our Music Director Gayanne Geurin at [gayannegeurin@gmail.com](mailto:gayannegeurin@gmail.com)

## 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 \_\_\_\_\_

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: \_\_\_\_\_