



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

DOB \_\_\_\_\_ E-mail \_\_\_\_\_

Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Children under age 26 (included in your CBH membership)

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 check 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.**





## 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.

### Join a team!

Below are our existing teams. If you enjoy working with a group on projects and strategies, one of these might be right for you!

### Education

- **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 \_\_\_\_\_ Team \_\_\_\_\_

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

### CBH Care Team

Helps community members in need by providing a meal, transportation, or help with simple household chores.

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

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

### **Our Tikkun Olam (Repair of the World) Team would like to know what areas you are currently involved or interested in:**

- LGBTQ
- Israel
- Environment
- Racial Justice
- Refugees / International Human Rights
- Economic Justice
- Homelessness and Food Security

### Membership Team

Connects with prospective members, welcomes new members, showers current members with love.

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

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

## 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 we didn't list here.

- |                |                    |                                |
|----------------|--------------------|--------------------------------|
| Handyman       | Painting           | Yardwork, Landscaping          |
| Proofreading   | Carpentry          | Computer/IT                    |
| Graphic Design | Event planning     | Hosting at programs, etc.      |
| Photography    | Video editing      | Marketing/PR                   |
| Leyning        | Gabbai Rishon      | Lay leading religious services |
| Fundraising    | Ritual Development | Yoga/Body Movement             |
| Reading Hebrew | Cooking            | Meditation/Chant               |
- Substitute teaching on Sunday mornings (a paid gig!)
- Dancing                      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 to help set up and break down at CBH events.
- I have a truck or van 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, band or string group?

If so, please contact our Music Director Gayanne Geurin at [gayannegeurin@gmail.com](mailto: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 professional referrals. This listserv is not used for official communication from the CBH office, though reminders are sometimes posted here.

\*Check the box above if you want to be added to the group.

## MEMBERSHIP DUES

### MEMBERSHIP DUES

Dues paid by CBH members provide the financial foundation for our congregational life, represent the largest portion of our community budget, and allow our staff to focus on the spiritual life of the community rather than on fundraising. **Please take into account the information below, review your current capacity to contribute, and enter your financial commitment for this year.**

- **Our basic operating expense divided evenly across all households of any size is approximately \$2100.** 51% of our households consist of two adult members, 49% of one adult member and just over 50% have children.
- Our membership dues requirement is built upon a "fair share" dues schedule, wherein **we ask each household to contribute 2.5-3.5% of total adjusted gross income. Please continue to use this percentage as a starting point in thinking about what you can contribute.** This system has allowed us to offer membership benefits to people in a diverse set of financial situations. We have households that contribute \$216 annually and households that contribute upwards of \$10,000 annually. Our minimum contribution for membership is \$216 or \$18/month.
- **Student Membership** – Dues for full time students is \$216 (\$18/month)
- I am joining as a full-time student. I understand that a student membership is individual. The required copy of my current Student ID is included with this application.

We understand that certain circumstances make it difficult or impossible to contribute 2.5-3.5% of income, while other circumstances may allow a larger contribution in a given year. **We ask all members to give an amount that is significant to their household and represents a commitment to the community.**

No person is turned away from CBH due to financial hardship.  
If you need to discuss your dues situation, please contact Amy Robertson,  
CBH Executive Director, at 404-315-6446.

## MEMBERSHIP DUES PLEDGE

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

Please note: your dues information is reviewed only by specified office personnel.

### Please complete the following:

Your annual dues commitment	\$ _____
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 a 2.5% convenience charge is added to all credit card transactions.

I/we will pay remaining dues balance:

- Annually (in full with this form)
- Quarterly (January/April/July/October)
- Monthly
  
- Student Membership** I am joining as a full-time student. I understand that a student membership is individual. The required copy of my current Student ID is included with this application.

### CERTIFICATION

I/we wish to be enrolled as 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: \_\_\_\_\_