

## TBH NEW MEMBER APPLICATION

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### *Why join Temple Beth Hatfiloh?*

Temple Beth Hatfiloh is an inclusive, egalitarian community, open to everyone who wishes to affirm, develop, and celebrate their connection to Judaism. We welcome as members all who have Jewish heritage—whether you've been involved with Jewish community since childhood or are just now exploring your Jewish identity—as well as non-Jewish partners and those who are in the process of conversion.

TBH is committed to the creative exploration of Jewish tradition, spirituality and practice, culture and arts, and *tikkun olam* (the repair of the world). We strive to provide a "big tent" for Jewish life in the South Sound, continuing the spirit of warmth and hospitality of the families who founded the synagogue in the 1930s.

The vibrancy of our community depends on the engagement of members in activities and events and on the financial contributions that support us. You can become a member of TBH by filling out this form and making a financial gift that is meaningful to you. We would be delighted for you to take part in the many activities that we offer, and to help us sustain and expand what we do. If there is something new that you would like to see, Jewishly, in our community, please let us know, and, if you can, lend a hand to make it happen!

We hope you will join TBH. Once you submit this form, the Rabbi and I will contact you soon.

B'shalom!

A handwritten signature in black ink that reads "Tikva".

Tikva Glantz  
President, Temple Beth Hatfiloh

**TEMPLE BETH HATFILOH MEMBERSHIP APPLICATION**

(Please fill out this entire form and return it to TBH, 201 8th Ave SE, Olympia, WA 98501)

**PERSONAL INFORMATION**

**ADULT 1**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Hebrew Name (if known): \_\_\_\_\_

**ADULT 2**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Hebrew Name (if known): \_\_\_\_\_

**Home Address**

Street, City and Zip: \_\_\_\_\_

**Mailing Address** (if different from above)

Street, City and Zip: \_\_\_\_\_

**CHILDREN (under 19 years of age)**

<b>Name (First and Last)</b>	<b>Date of Birth</b>	<b>School</b>	<b>Grade</b>
_____	____/____/____	_____	____
_____	____/____/____	_____	____
_____	____/____/____	_____	____

Please send me information about Beit Sefer, TBH's youth education program.

**MEMBER DIRECTORY:** Check the boxes below if you want information **LEFT OUT** of the directory available to other members.

Address     Home Phone     Cell Phone     Email

**Yahrzeit**

*As a service to its members, TBH sends out yearly notification of yahrzeits (memorials). Please list your personal memorials below. **It is the custom of TBH to announce yahrzeits on either the Hebrew or Gregorian anniversary.***

<b>Name of deceased</b>	<b>Relationship</b>	<b>Gregorian/Hebrew Date of Death*</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Please put a star (\*) after the Gregorian Date of Death if you'd like to memorialize the death using the Hebrew calendar but you don't know how to convert the date. If you give us the Gregorian date of death and whether the death occurred in the day or evening (if known) then we will determine the Hebrew date on which yahrzeit will be noted. (Attach additional pages if necessary)

**BACKGROUND INFORMATION**

(Feel free to attach additional pages if we haven't provided enough space for your answers.)

**Please describe your ethnic or religious heritage and connection to Judaism.**

Adult #1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adult #2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are optional, but we'd appreciate your answers to these question. Please use "1" or "2" to indicate who is writing the response.

**What aspects of Jewish life interest you the most?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How and why did you become interested in Temple Beth Hatfiloh?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What activities at TBH are you especially interested in? Do you have any skills or professional services that you would like to contribute to TBH programs?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anything else (including ideas for programs and services for TBH)?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ANNUAL FINANCIAL GIFT

As a member, we ask that you make a pledge of financial support. Your pledge helps ensure that TBH can serve as a center for Jewish life in Olympia. The TBH budget for 2019-20 is \$336,000. Of that, 70% or \$233,000 comes from annual member pledges. For every dollar spent:

- 39% is for rabbinic services
- 17% is for youth education
- 19% is for administrative support and operations
- 13% is for facility maintenance

TBH has set a Sustaining annual membership level of \$1,075 for one-adult households and \$2,150 for two-adult households. This is based on our annual budget, our membership level, and the fact that households vary widely in financial resources. We depend on households that give at or above the sustaining level to meet our budget. We hope that you will give generously from your heart, based on what you are able to give and what you are inspired to give. You are welcome to become a member whatever your financial contribution is.

If you are joining in the middle of the fiscal year, your gift can be pro-rated. Please contact the Temple Office for more details on this or any other questions you might have. Your gift to TBH is tax deductible.

Please circle the amount of your pledge, or write in your pledge in the spaces provided.

	One-Adult Household	Two-Adult Household
<b>NEW HOUSEHOLDS</b>		
College Student	\$36	
Year One - Welcome to TBH	\$375	\$725
Year Two - Settling In	\$725	\$1,450
Other:	_____	_____
<b>ESTABLISHED HOUSEHOLDS</b>		
Sustaining	\$1,075	\$2,150
Other:	_____	_____
<b>OTHER GIFTS</b>		
Rabbi's Discretionary Fund	_____	_____
Goldberg Scholarship (Youth education)	_____	_____
Building Strength Maintenance Fund	_____	_____
<b>TOTAL ANNUAL PLEDGE</b>	_____	_____

NOTE: Households pledging over \$1,500 for a 1-Adult Household or \$3,000 for a 2-Adult Household will be categorized as Patron Households. Please let us know if you are giving at that level and you **do not** want any public acknowledgment.

Indicate how you would like to pay your pledge from one of the options below:

- I am enclosing a personal check for the full amount at this time.
- I will pay by  check or by  bill pay service on the following payment schedule:  
\_\_\_\_\_
- I will call the office to arrange payment by credit card.

***Thank you for joining our community!***