



CONGREGATION
BETH AHABAH

MEMBERSHIP APPLICATION

1121 W. FRANKLIN STREET • RICHMOND, VIRGINIA • 804.358.6757 • WWW.BETHAHABAH.ORG

Thank you for your interest in joining Beth Ahabah! We look forward to your participation in our community and encourage you to explore the diverse opportunities for Jewish growth that Beth Ahabah has to offer.

We ask that you complete this Beth Ahabah membership application and submit it with your membership commitment and building fund fee (if applicable) to Heather Dinkin using the address listed above.

All information in the application will be treated confidentially. Please contact Heather Dinkin at 804.358.6757 or hdinkin@bethahabah.org if you have any questions.

NEW MEMBER INFORMATION

ADDRESS			DATE OF APPLICATION		
CITY	STATE	ZIP	HOW DID YOU HEAR ABOUT BETH AHABAH?		
ADULT MEMBER A			ADULT MEMBER B (for Family Membership)		
TITLE/FIRST NAME/LAST NAME/NICKNAME			TITLE/FIRST NAME/LAST NAME/NICKNAME		
HEBREW NAME (IF ANY)			HEBREW NAME (IF ANY)		
GENDER			GENDER		
PREFERRED PRONOUNS			PREFERRED PRONOUNS		
EMAIL			EMAIL		
HOME PHONE			HOME PHONE		
CELL PHONE			CELL PHONE		
WORK PHONE			WORK PHONE		
OCCUPATION			OCCUPATION		
PLACE OF EMPLOYMENT			PLACE OF EMPLOYMENT		
BIRTH DATE			BIRTH DATE		
BAR/BAT MITZVAH DATE			BAR/BAT MITZVAH DATE		
CONFIRMATION DATE			CONFIRMATION DATE		
ANNIVERSARY DATE (IF MARRIED)					
RELIGION (IF NOT JEWISH)			RELIGION (IF NOT JEWISH)		

CHILDREN (Please check box next to children who are still living in your home.)

<input type="checkbox"/>	FIRST NAME/LAST NAME/NICKNAME	GENDER	PREFERRED PRONOUNS	BIRTH DATE	B/M DATE	CONFIRMATION DATE
<input type="checkbox"/>	FIRST NAME/LAST NAME/NICKNAME	GENDER	PREFERRED PRONOUNS	BIRTH DATE	B/M DATE	CONFIRMATION DATE
<input type="checkbox"/>	FIRST NAME/LAST NAME/NICKNAME	GENDER	PREFERRED PRONOUNS	BIRTH DATE	B/M DATE	CONFIRMATION DATE
<input type="checkbox"/>	FIRST NAME/LAST NAME/NICKNAME	GENDER	PREFERRED PRONOUNS	BIRTH DATE	B/M DATE	CONFIRMATION DATE

Yahrzeits (Deceased Relatives)

List any relatives you wish to be notified of the yahrzeit and have the name read at services.

FIRST NAME/LAST NAME	RELATIONSHIP	DATE OF DEATH	ENGLISH / HEBREW <input type="checkbox"/> AFTER SUNSET READ ON ENGLISH/HEBREW DATE (CIRCLE ONE)
FIRST NAME/LAST NAME	RELATIONSHIP	DATE OF DEATH	ENGLISH / HEBREW <input type="checkbox"/> AFTER SUNSET READ ON ENGLISH/HEBREW DATE (CIRCLE ONE)
FIRST NAME/LAST NAME	RELATIONSHIP	DATE OF DEATH	ENGLISH / HEBREW <input type="checkbox"/> AFTER SUNSET READ ON ENGLISH/HEBREW DATE (CIRCLE ONE)
FIRST NAME/LAST NAME	RELATIONSHIP	DATE OF DEATH	ENGLISH / HEBREW <input type="checkbox"/> AFTER SUNSET READ ON ENGLISH/HEBREW DATE (CIRCLE ONE)

Additional children and yahrzeit information may be emailed to hdinkin@bethahabah.org or mailed to the temple office.

NEW MEMBER INTERESTS

Your participation makes your temple experience more meaningful and strengthens the congregation. Please select any areas of interest below.

ADULT MEMBER A

- ☐ Adult Education
- ☐ BATTY (Beth Ahabah Temple Teens and Youth)
- ☐ Beth Ahabah Cares
- ☐ Beth Ahabah Choir
- ☐ Beth Ahabah Museum and Archives
- ☐ Brotherhood
- ☐ Communications and Marketing
- ☐ Finance
- ☐ Hebrew Cemetery
- ☐ House and Grounds
- ☐ Kol Simchah Youth Choir
- ☐ Membership
- ☐ Music
- ☐ Tikkun Olam (Council for Social Justice)
- ☐ Young Adults (Young Adult Community Kibbitz)
- ☐ Youth and Teen Education/Programming
- ☐ Women of Beth Ahabah (WRJ)
- ☐ Worship Services

Are their any skills, talents or hobbies you’d like to share?

ADULT MEMBER B (for Family Membership)

- ☐ Adult Education
- ☐ BATTY (Beth Ahabah Temple Teens and Youth)
- ☐ Beth Ahabah Cares
- ☐ Beth Ahabah Choir
- ☐ Beth Ahabah Museum and Archives
- ☐ Brotherhood
- ☐ Communications and Marketing
- ☐ Finance
- ☐ Hebrew Cemetery
- ☐ House and Grounds
- ☐ Kol Simchah Youth Choir
- ☐ Membership
- ☐ Music
- ☐ Tikkun Olam (Council for Social Justice)
- ☐ Young Adults (Young Adult Community Kibbitz)
- ☐ Youth and Teen Education/Programming
- ☐ Women of Beth Ahabah (WRJ)
- ☐ Worship Services

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ANNUAL DUES COMMITMENT

It is the firm policy of Beth Ahabah that no congregant be denied membership, education or program access due to an inability to pay dues or other fees. Should any congregant or prospective congregant be unable to afford the suggested minimum financial commitment, they will be confidentially accommodated.

INDIVIDUAL MEMBERSHIP

☐ Under 30 Years of Age: \$360

☐ 30–34 Years of Age: \$997

☐ 35 Years of Age and Older: \$1,430

FAMILY MEMBERSHIP

☐ Under 30 Years of Age: \$360

☐ 30–34 Years of Age: \$997

☐ 35 Years of Age and Older: \$2,470

OUT-OF-TOWN MEMBERSHIP

☐ Individual: \$310

☐ Family: \$470

In consideration of my membership with Congregation Beth Ahabah, I hereby agree to pay the following annual dues commitment:

For myself and/or my family beginning with the year June 1, _____, through May 31, _____, the sum of _____ dollars (\$_____). It is understood and agreed that this commitment shall renew from year to year unless changed by the Finance Committee or Board.

SIGNATURE _____ DATE _____

RUSSELL M. FINER BUILDING FUND

In addition to the financial commitments for membership, all new members make a financial commitment to the Russell M. Finer Building Fund. This fund, currently \$1,800 for individuals and \$2,100 for families, is payable over a five-year period and is deferred until a member turns 35.

In consideration of my obligations as a member of Congregation Beth Ahabah, I hereby pledge to the Russell M. Finer Building Fund the sum of _____ dollars (\$_____).

SIGNATURE _____ DATE _____

NEW MEMBER COMMITMENT

Annual Dues Commitment \$ _____

Russell M. Finer Building Fund \$ _____

TOTAL PAYMENT \$ _____

☐ I Will Pay Online ☐ I Have Enclosed a Check

☐ I Will Pay by Credit Card

CREDIT CARD NUMBER

EXPIRATION DATE CARD SECURITY CODE

☐ *I would like to speak to the Director of Congregational Operations about a challenge meeting the suggested minimum financial commitment.*