

CONGREGATION BETH SHALOM

4746 El Camino Avenue

Carmichael, California 95608

Phone: (916) 485-4478 ♦ Fax (916) 480-9592

www.cbshalom.org

administrator@cbshalom.org

Dear Friends,

The words “Beth Shalom” literally mean House of Well-Being; a place of peace. Congregation Beth Shalom reflects its name through the warmth, joy, and commitment of its members. At its foundation is God-centered, good-hearted, participatory Judaism. Beth Shalom is a synagogue where Jewish learning is taken seriously, social action is pursued, questions welcome, and lively discussion embraced. Ours is a creative home filled with the sounds of beautiful music, prayer, and study throughout the year and where the love of tradition is felt in everything we do.

From toddlers to seniors, there are thoughtful Jewish programs to engage the mind and spirit. Religious School, adult education, women’s and men’s programming, choir, and Tot Shabbat are all created to ensure lifelong Jewish learning and connection with community. Beth Shalom is the kind of synagogue in which we immediately feel at home because the warmth of the members touches the soul.

I look forward to getting to know you and would consider it an honor to be your Rabbi.

Shalom,

A handwritten signature in cursive script that reads "Rabbi Nancy".

Rabbi Nancy Wechsler

Congregation Beth Shalom Membership Information Page

(Please print clearly)

Member #1

Member #2

Last Name		
First Name		
Hebrew Name		
Street Address		
City, State, Zip		
Home Telephone		
Work Telephone		
Cell Phone		
E-mail Address		
Fax Number		
Date of Birth		
Wedding Anniversary		
Occupation		
Employer		
Address		

Unmarried children of all ages in the household:

<i>Name</i>	<i>Date of Birth</i>	<i>Gender</i>	<i>School Grade</i>

If you are applying for associate membership with Congregation Beth Shalom, please provide the name of the synagogue at which you are a full member in good standing. _____

I/We hereby apply for membership in Congregation Beth Shalom.

Signature _____ Date _____

Signature _____ Date _____

Member #1 Additional Information

(Please print clearly)

Name _____

Previous congregation _____

Secular Education _____

Religious Education _____

Yahrzeits: List any additional names on an additional sheet of paper

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Date of Passing: ____/____/____ Date of Passing: ____/____/____

Honor on the Gregorian Date

Honor on the Jewish Date

Member #2 Additional Information

Name _____

Previous congregation _____

Secular Education _____

Religious Education _____

Yahrzeits: List any additional names on an additional sheet of paper

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Date of Passing: ____/____/____ Date of Passing: ____/____/____

Honor on the Gregorian Date

Honor on the Jewish Date

Last Name: _____

CONGREGATION BETH SHALOM
Membership Application and Pledge Form

Thank you for your interest in becoming a member or affiliate of Congregation Beth Shalom. Please complete this form and return it to the CBS Office with your initial dues payment.

Congregation Beth Shalom has two categories of membership: **Family** and **Single**, and two affiliate categories, **Associate** and **Ger Toshav**. **Associate** affiliates must be members in good standing of another Jewish congregation. **Ger Toshav** affiliates are persons or families who are not of the Jewish faith but who wish to support and affiliate with Congregation Beth Shalom. Affiliates are not entitled to member privileges.

I/We wish to join as:

Single Membership

- Full Single Pledge Obligation
- Reduced Single Pledge Obligation (upon approval)

Family Membership

- Full Family Pledge Obligation
- Reduced Family Pledge Obligation (*upon approval*)

Affiliate

- Associate (requires membership in good standing at another synagogue)
- Ger Toshav

Membership or affiliate obligations or “dues,” are set yearly by the CBS Board of Governors and current amounts can be found on the next page.

CBS subscribes to the principle that no person should be turned away based on inability to pay. If your financial circumstances are such that you cannot afford to pay a full pledge obligation, you may apply for reduced dues. Please call or email the CBS office for contact information for the Congregation’s Financial Secretary. If seeking reduced dues, you and the Financial Secretary must first reach an agreement upon a specific amount before submitting this application.

Please note: Dues information is held in strict confidence by the Financial Secretary and Membership Obligation Review Committee.

Last Name: _____

2019-20 DUES SCHEDULE

Membership/Affiliate dues amounts are adopted annually as part of the budget and equal 80% of our annual budget, and include an Annual Building Maintenance Charge of \$200.00. The dues amounts for the 2019-2020 fiscal year, which begins on July 1, 2019, are below.

Please indicate at which membership level you are applying.

	<i>Annual Dues</i>	<i>Monthly Dues</i>
Standard Family	\$2080 + \$200	\$190
Standard Single	\$1396 + \$200	\$133
Associate Affiliate:	\$378 + \$200	
Ger Toshav Affiliate:	\$378 + \$200	

In our congregation, everyone is welcome regardless of their ability to pay. Applicants whose economic situation requires it, can request a dues reduction. If you need to request an annual dues review, please indicate below, and a member of the Membership Obligation Review Committee will contact you.

Please contact me/us regarding dues reduction.

Signature _____ Date _____

Signature _____ Date _____

Our fiscal year is from July 1 – June 30. For new members joining after August 1, dues will be prorated for the remainder of this fiscal year.

Last Name: _____

PAYMENT ARRANGEMENTS

The bylaws of Congregation Beth Shalom require that persons applying for membership or affiliate status pay no less than **1/12th of their annual dues obligation** upon applying for membership. CBS encourages paying more than that, if you are able to do so.

I am enclosing payment of \$ _____ towards the total dues commitment to CBS for this fiscal year.

Check is enclosed.

Credit card information is below (3% fee added for credit card transactions)

Please send statements (*check one*): q annually, q quarterly, q bi-monthly, q monthly

I prefer to pay by:

- Sending a check
- Auto Bill-pay set up with my bank
- By credit card (3% fee)

Statements will be emailed to you unless you check here to receive a paper statement by mail:

Credit Card Payment Authorization

Card Type: MasterCard VISA American Express

Credit Card Number: _____

Expiration Date: ___/___ 3 or 4 Digit Security Code: _____

Name as shown on the card: _____

Signature Authorizing Use (Required): _____

(This authorization will remain in effect for one year unless revoked in writing)

Please process my initial payment for membership according to the instructions above. I agree to abide by the Congregation Beth Shalom bylaws and respect the rights of my fellow Congregants.

Signature of Member 1 _____

Signature of Member 2 (if applicable) _____

PLEASE RETURN THIS FORM WITH PAYMENT TO:

Congregation Beth Shalom
4746 El Camino Avenue
Carmichael, CA 95608

or

Scan all forms (if no check) and return by email to
office@cbshalom.org

Questions? Please call the temple office at (916) 485-4478

Last Name: _____

PLEASE CHECK THE AREAS WHERE YOU WOULD LIKE TO VOLUNTEER

Website/Technology Projects		Helping at Services/Chanting Torah	
Security Committee//Volunteer		Assisting with office work	
Religious Practices Committee		Annual Dinner Winter Fundraiser Committee	
Food Faire Committee		Baking/Cooking for Events	
Working in Gift Shop		Choir	
General Fundraising		Temple Band/Other Music	
Give Rides to Seniors/ Shut-Ins For Shabbat		Art projects/Graphic Design	
Building Maintenance		Theater/Purim Shpiel	
Brotherhood		Social Action Committee	
Sisterhood		Interfaith Programming	
Youth Group		Caring Committee	
Education Committee		Working in Library	
Membership Recruitment		Family Promise	
Babysitting at Shabbat services/events		Coordinating Oneg Shabbat	
Torah Study		Social Media/Advertising Events	
Adult Education		Board of Governors	

After completing application, click download arrow then
open and

Click the name to send application

SHARON BERNSTEIN