



ID # \_\_\_\_\_

### APPLICATION FOR MEMBERSHIP

Welcome to Temple Beth El! May this be the beginning of a long and joyful membership in our congregation. In order to proceed, please complete all the information that is asked for in this form. Your responses will help us foster and maintain an environment that provides you with rich opportunities for worship, education and participation in our community. All information that you share with us is confidential.

Instructions (please print or type):

1. If application is for an Individual or Single Parent, please complete Member A information only
2. If application is for a household of two Adults with or without children, please complete Member A information for one adult, and Member B information for the other.

Member A	Member B
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Last Name	Last Name
First Name Preferred/Nickname	First Name Preferred/Nickname
Date of Birth	Date of Birth
E-Mail Address	E-Mail Address
Cell Phone	Cell Phone
Occupation	Occupation
Title	Title
Firm Name	Firm Name
Address/City/State/Zip	Address/City/State/Zip
Business Telephone	Business Telephone

DATE OF MARRIAGE (If applicable): \_\_\_\_\_

Address Information	
For husband and wife memberships, mail will be addressed to "Jane & John Member" unless requested otherwise. Please address our mail as follows:	
<b>Residence</b> Street & Apartment # (All mail will be sent to residence unless requested otherwise)	
City/State/Zip	Phone
<b>Billing (if different)</b> Street & Apartment #	

Temple Beth El of Northern Westchester  
 220 South Bedford Road, Chappaqua, NY 10514  
[www.bethelnw.org](http://www.bethelnw.org)  
[temple@bethelnw.org](mailto:temple@bethelnw.org)  
 914-238-3928

<b>Children - Please complete as it applies to each of your children residing with you</b>				
	1st Child	2nd Child	3rd Child	4th Child
Last Name				
First Name				
Nickname				
Hebrew Name				
Birth date	Date _____	Date _____	Date _____	Date _____
Age	Age _____	Age _____	Age _____	Age _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
School Grade, Fall '19				
Secular School Name				
Early Childhood Center of Temple Beth El	<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will not attend <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will not attend <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will not attend <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending <input type="checkbox"/> Has attended <input type="checkbox"/> Will not attend <input type="checkbox"/> Send information
Temple Beth El Religious School	<input type="checkbox"/> Now attending as non-member <input type="checkbox"/> Will attend this yr <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending as non-member <input type="checkbox"/> Will attend this yr <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending as non-member <input type="checkbox"/> Will attend this yr <input type="checkbox"/> Send information	<input type="checkbox"/> Now attending as non-member <input type="checkbox"/> Will attend this yr <input type="checkbox"/> Send information
Has become a Bar/Bat Mitzvah	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:
Has participated in confirmation (10 <sup>th</sup> grade)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expect to in the year:
Youth Group	<input type="checkbox"/> Put on Mailing List	<input type="checkbox"/> Put on Mailing List	<input type="checkbox"/> Put on Mailing List	<input type="checkbox"/> Put on Mailing List
Post High School - Living at Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Other People in Your Household</b>			
Name			
Age			
Relationship			

<b>Adult Children (18 years or older) Not Residing With You</b>			
First & Last Name			
Birth Date			
Spouse's Name			
Address			
Children			
-Name & Birth Date			

**Activities in which you are interested in volunteering or in which you would like to participate**

Check to indicate interest	Member A	Member B		Member A	Member B
Adult B'nei Mitzvah			Investment Advisory Committee		
Adult Choir			Jr. Youth Programs (Grades K-7)		
Adult Education Programs			Mitzvah Day Programs		
Annual Fundraiser			Nursery School Committee		
Caring Community Committee*			Office Volunteer		
Children's Choir (Jew-Be-Glee)			Religious School Committee		
College Committee			Social Action Programs		
Communications Committee			Social Programs		
Finance Committee			Ushering, Shabbat		
House Committee			Ushering, High Holy Days		
*Caring Community Programs (assistance such as meals, transportation, shopping, visitation, etc.)					

**Professional Background, Skills, Talents & Organizational Affiliations**

Please describe your professional skills, talents, and involvement in Jewish and Community organizations.

Member A Background and Skills	Member B Background and Skills
Member A Jewish and Community organizations	Member B Jewish and Community organizations

**Household Information**

Please complete the information below to assist us in learning more about you and developing programs.

Our (my) household consists of (check all that apply):	Yes	No	Other Information: Please use the space below to indicate other information you would like us to know:
Single adult	<input type="checkbox"/>	<input type="checkbox"/>	
Two adults	<input type="checkbox"/>	<input type="checkbox"/>	
Two parents with child(ren) living at home	<input type="checkbox"/>	<input type="checkbox"/>	
Two parents with child(ren) not living at home	<input type="checkbox"/>	<input type="checkbox"/>	
Single parent with child(ren) living at home	<input type="checkbox"/>	<input type="checkbox"/>	
Single parent with child(ren) not living at home	<input type="checkbox"/>	<input type="checkbox"/>	
Everyone in our household is Jewish	<input type="checkbox"/>	<input type="checkbox"/>	
We are an interfaith family	<input type="checkbox"/>	<input type="checkbox"/>	

**Miscellaneous Information**

How did you hear about Temple Beth El?		
Name of previous Congregation affiliation:		
City/State:	Year left:	Any outstanding financial obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Yahrzeit Record

Please list the names of loved ones for whom you wish Yahrzeit notices sent, and indicate whether you wish to observe the secular or Hebrew date. Annually we will send you reminder letters and read names of loved ones at services.

Name of Deceased	Relationship	To Member A or B?	Secular Date	Hebrew Date

### Building Fund

Temple membership is the right of every Jewish family, regardless of ability to pay. And, temple membership is also a responsibility of every Jewish family. As you are aware, you are making a commitment when you join a congregation. One of your obligations is financial. In addition to annual dues and any applicable Religious School fees, each member makes a pledge to our Building Fund.

Our temple was built to accommodate existing and future members, with the cost to be shared by present and future participants. In order to provide for our future, the congregation has established a Building Fund requirement for each new family. This commitment is \$7,000, payable over seven years at \$1,000 per year (should the member decide to pay the Building Fund requirement in a lump sum, payment of \$6,500 will satisfy the obligation). It is also provided that no one will be excluded from membership because of inability to pay. The principle remains: "From each according to his or her ability."

For families whose head of household is under age 28, payment of the Building Fund is deferred until after three (3) years of membership or age 30, whichever is sooner.

For those families that qualify for our one-year membership incentive program (whose children are not in the B'nei Mitzvah prep. years) the building fund can be deferred until either their child reaches the 3<sup>rd</sup> Grade or after three (3) years of membership, whichever is sooner.

### Application Signature

Temple Beth El may use photographs or video of participants, with or without a name, for such purposes as publicity, illustration, advertising, and Web content. You may withhold your permission for such use by contacting Leslie Aufieri at [communications@bethelnw.org](mailto:communications@bethelnw.org)

I (we) hereby submit our application to become a member(s) of Temple Beth El. My (our) Membership Commitment Form indicating my/our dues and related fees for the year are attached. I (we) agree to abide by the By-laws, rules and regulations of the congregation.

Member A Signature

Member B Signature

Date

Date



Religious School Registration  
★ 5781 ★ 2021/2021  
(page 1)

Student's Name \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Male  Female  Other   
*Street City State Zip*  
Home Phone \_\_\_\_\_

Your Child's Secular School Name and Grade for Fall '20: \_\_\_\_\_

Parent 1's Name \_\_\_\_\_ P1 Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent 1's Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 2's Name \_\_\_\_\_ P2 Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent 2's Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Indicate Contact Person (please check): Parent 1  Parent 2

**Should my child become ill and a parent cannot be reached, please notify either of these people:**

1) **Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

2) **Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Does your child have a history of: (check all those that apply)

- Severe bee sting reaction       Asthma       Seizure disorder  
 Diabetes       Sight problems       Hearing difficulties       Heart condition  
 Allergies \_\_\_\_\_  Other (please explain) \_\_\_\_\_

Specific food allergies (please be specific) \_\_\_\_\_

My child has a prescribed EpiPen

Is your child presently taking medication(s) on a continual basis?  Y  N

If yes, name of medication: \_\_\_\_\_ Current dosage and schedule: \_\_\_\_\_

Prescribed for what condition: \_\_\_\_\_

What else should we know about your child to be able to help him/her effectively in the unlikely event of an injury or accident? \_\_\_\_\_

**Name of Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

Health Insurer Co \_\_\_\_\_ Plan/Group # \_\_\_\_\_ Policy Number: \_\_\_\_\_



**Religious School Registration**  
**★ 5781 ★ 2020/2021**  
**(page 2)**

Does your child have any special needs (learning or emotional)?

\_\_\_\_\_

Have there been any major changes/disruptions in your child's life this year?

\_\_\_\_\_

Does your child have an IEP or 504 plan?  IEP plan  504 plan

Does your child receive counseling?  Yes  No

My child would like to be placed in Judaica class with one of the following 3 students:

\_\_\_\_\_

What else would you like us to know about your child?

\_\_\_\_\_

\_\_\_\_\_

**Grade Specific Questions**

**Photo Release:** I grant permission for a video/photo/image that includes my child to be published on the congregation's website, newsletter, bulletin, Facebook page or other social media outlets and publications. No student's full name will be used in conjunction with any project created in the school environment. If you as the parent or guardian wish to rescind this agreement, you may do so in writing at any time.  Yes  No

**E-mail:** I give TBE permission to e-mail my child:  Yes  No

My child's e-mail address is: \_\_\_\_\_

Cell Phone: I give TBE permission to use my child's cell phone  Yes  No

My child's cell number is: \_\_\_\_\_

**School Volunteer Opportunities**

Many programs at the Religious School depend on parental support. Please check a box below and help us in our noble task of Jewish Education.

I am willing to help with fundraising activities

I am willing to be on the Religious School Committee

Special Skills: Photography  Special Skills: Marketing  Copy Editing

Special Skills: Web Design

Other skills, interest, experience to share  Please list \_\_\_\_\_



**All information will be held in the strictest confidence. Please read the following carefully and sign.  
We cannot accept your registration without your signature below.**

*Annual Signature MUST BE ON FILE*

*Medical Release: I hereby give my permission to the physician selected by the staff of Temple Beth El to hospitalize, give necessary treatment, or give anesthesia to my child, in the event that I cannot be reached by phone in an emergency. I understand that staff will try to reach me at any time of emergency and that a treatment plan will be acted upon only if I am unreachable.*

*Photo Release: I hereby give my permission to have my child's photograph or video used by Temple Beth El.*

**Parent Signature**

**Date**

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# New Member Commitment Form 2020-2021

Name: \_\_\_\_\_ Address: \_\_\_\_\_

As a member of Temple Beth El you make supporting the Jewish community one of the priorities in your life. Your membership dues allow us to provide a variety of services 365 days a year for any and all who need it. Each year the temple calculates a Sustaining Level of membership dues based on the support needed to run our programs and services. Some of our members are unable to pay the Sustaining Level due to personal circumstances, and it is our long-standing tradition to have a flexible dues plan that ensures that no one will be turned away based on what they can pay. Your honest reflection, self-assessment, and generosity help to provide for our community.

**Membership Dues** – the Sustaining Level of Dues is \$3,695 \$ \_\_\_\_\_

**Security Fee** – Helps cover the increasing costs of enhanced security. \$ \_\_\_\_\_ 295.00

**Building Fund (to maintain our building)** - The Building Fund requirement is \$1,000 per year for seven years or \$6,500 total if paid in full in the first year. \$ \_\_\_\_\_

**Religious School** - Please indicate below the grades for which you have registered your children and calculate total school fees. \$ \_\_\_\_\_

<u>Tuition:</u>	<u># of</u>	<u>Fee per</u>	<u>Total</u>
<u>Grade(s)</u>	<u>Children</u>	<u>Child</u>	<u>Fees</u>
Kindergarten	_____	\$ 930	_____
1	_____	\$1,100	_____
2	_____	\$1,200	_____
3	_____	\$1,300	_____
4, 5 and 6	_____	\$1,895	_____
7	_____	\$1,995	_____
8, 9 and 10	_____	\$ 950	_____
11 and 12	_____	\$ 360	_____

**Additional Fees (if we can provide the services):**

- Supervision & Snack for 3<sup>rd</sup> Grade (Tuesday only) and 4<sup>th</sup> Grade - \$100
- Activity & Snack for 5<sup>th</sup> & 6<sup>th</sup> Grades - \$200
- Monday night dinner for 7<sup>th</sup> thru 12<sup>th</sup> Grades - \$165

**Bar & Bat Mitzvah\***

B'nei Mitzvah dates are assigned in the 4<sup>th</sup> Grade year (or thereafter). There is a b'nei mitzvah fee that will be billed at the time the date is confirmed. The fee ranges from \$2500 - \$3500 depending on year and time of service. In July prior to your child's bar/bat mitzvah each family is billed about \$650 to sponsor the Friday evening Oneg Shabbat reception and the flowers on the bimah for the weekend.

**Confirmation**

Our 10<sup>th</sup> Grade students are taught by our Senior Rabbi and go on several field trips including a weekend to Washington, D.C. In order to cover the cost of these trips, fees will be collected with RSVPs.

**ARZA Contribution** - Please cross out if you wish to opt out. \$ \_\_\_\_\_ 54.00

**TOTAL 2020/2021 Commitment** \$ \_\_\_\_\_

\*\*\*\*\* PLEASE RETURN THIS PAGE TO THE TEMPLE OFFICE ALONG WITH YOUR FIRST PAYMENT \*\*\*\*\*

**Please indicate your payment option:**

- Pay the entire 2020/2021 Commitment  Pay in two installments - half now & half by November 15, 2020
- Pay in three installments - one third now, one third by November 15, and one third by January 15, 2021

\*PLEASE NOTE IF YOUR CHILD WILL BECOME A BAR/BAT MITZVAH THIS YEAR (September '20 to June '21), YOUR TOTAL 2020/2021 COMMITMENT FROM ABOVE WILL BE DUE IN FULL THREE (3) MONTHS PRIOR TO THE BAR/BAT MITZVAH SERVICE.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print or type name)

**NOTICE:** Your 2020 tax statement will include only the deductible portion of payments received this calendar year. Payments are applied in the following order: RELIGIOUS SCHOOL FEES (including B'NEI MITZVAH FEES & CONFIRMATION FEE), MEMBERSHIP DUES, BUILDING FUND, and then ARZA.