

# Membership Application 2023-2024

#### Beth El Mission Statement

Beth El is a multifaceted, intergenerational community devoted to helping its members find joy and become better people through Torah and the traditions of the Jewish people. Our goal is to foster individual and collective spiritual and intellectual growth in a warm atmosphere of friendship and community—in a Jewish home in which all feel welcome to join and participate, and in which we care for each other and share prayer, lifecycle events, social action, and other experiences.

Since our establishment in 1930, Beth El Congregation has been a home for Phoenix's Jewish community. If you grew up in a Conservative synagogue, you'll find Beth El's ritual very familiar, and if you didn't; we look forward to learning and growing together as we celebrate the Jewish year.

If you are a member you:

- 1. Have a place to go when you need company, friends, and community.
- 2. Have a place to participate in Jewish ritual and programming.
- 3. Have a support system of clergy and staff who will cater to your needs as pertaining to your synagogue experience.

We invite all who wish to become members of Beth El for the first time to join with a contribution of \$540 for their first year and guarantee that all who wish to be a part of Beth El will be welcome and able to join regardless of financial ability.

To sustain our home, we ask for additional contributions to our building fund and security fund. You'll find these recommended donation opportunities at the end of this application.

Single Adult Household		<u>Family Household</u>	
Ages 22-25	No Charge	Ages 22-25	No Charge
26-28	\$ 540	26-28	\$ 730
29-31	\$ 700	29-31	\$1,190
32-34	\$1,080	32-34	\$1,950
35+	\$1,245	35+	\$2,165
Associate	\$ 650	Associate	\$ 865

### The Mitzvah of being a Golden Giver

Our Golden Givers play a critical role in helping Beth El Congregation be a spiritual home for all who desire access to Judaism. It is because of the elevated membership and High Holiday appeal generosity of our Golden Givers that Beth El is able to offer relevant and innovative programming to ensure a strong Jewish future. Golden givers receive a recognition plaque on our Jerusalem Wall, reserved seats for High Holidays, and High Holiday honors.

Gibborim (Heroes) \$3,600 added to your dues Shomrim (Guardians) \$1,800 added to your dues Chaverim (Friends) \$1,000 added to your dues

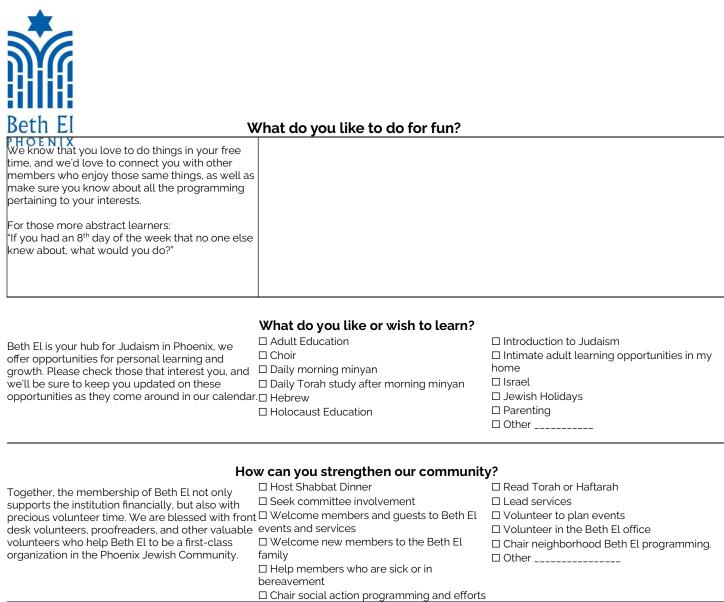


## Let's get to know you!

Beth El	Member 1		Member 2	
What's your name?				
Please write your first, middle, and last names. (If you'd like to leave a middle initial, we understand.	☐ Mr. ☐ Mrs. ☐ Dr. ☐ Marria	Other:	☐ Mrs. ☐ Dr. ☐ Other:	
What is your Hebrew name? We use a Hebrew name when you are honored wi an Aliyah to the Torah. □ I (we) don't have one, but would love one	h □ Kohen □ Levi	☐ Yisrael	☐ Kohen ☐ Levi ☐ Yisrael	
<b>Do you have a nickname?</b> We'd be happy to call you by your full name if you' like, but is there a nickname you prefer?	d			
When is your birthday? We like to wish our members a happy birthday! Members also like sponsor Kiddush and celebrate their birthdays at Beth El.	☐ I (we) would like to be conta	cted about sponsoring a Kidd	ush	
What's the best phone number to reach you? We like to stay in touch.		me		
What is your email address? We want you to know everything that's happening here at Beth E!! Look for special program reminder and announcements in your inbox.				
Where do you work? What do you do? Beth El is an extraordinary community, and we pride ourselves with having members who do all kinds of work in the Phoenix area. Where do you live?	Street Address:			
Beth El members live all over Phoenix; and have engaging neighborhood programming.	Street / Muli ess.			
	City:	State:	Zip:	
☐ Please check this box if you would like to be into Have you belonged to another synagogue in t		El members who live near yo	u in your neighborhood	
past three years? If so, which?	ile			
Do you have any kids?	☐ Yes! They live at home (Please fill out below) ☐ Yes, they're out of the house. (Please fill out below for emergency purposes only) ☐ Nope. (Please skip to back of this page)			
Beth El has fun, and inclusive youth programming for all ages. We also have a Hebrew School.	☐ I would love to find out more about Hebrew School (Grades k-6) and/or USY program (Grades 7-12) at Beth El.			
Name*:	Birthday: / / Gen	der: Cell Phone: ( )	-	
Child Email (for USY):	School:	.6-17 Grade: Bar/Bat Mitzvah	Date**: / /	
Name*:	Birthday: / / Gen	der: Cell Phone: ( )	-	
Child Email (for USY):	School:	.6-17 Grade: Bar/Bat Mitzvah	Date**: / /	
Name*:	Birthday: / / Gen	der: Cell Phone: ( )	-	
Child Email (for USY):	School: 10	6-17 Grade: Bar/Bat Mitzvah [	Date**: / /	

Getting your children involved in Beth El helps them make new friends and provides them with a strong Jewish foundation.

\* First and last | \*\* If applicable



Are there any Yahrzeits you would like to record? **Observer Name:** Name of Deceased: □ Before Sundown □ After Sundown Date of Death: Gender: Relationship to observer: **Observer Name:** Name of Deceased: □ Before Sundown □ After Sundown Date of Death: Gender: Relationship to observer: Name of Deceased: **Observer Name:** Date of Death: □ Before Sundown □ After Sundown Gender: Relationship to observer: **Observer Name:** Name of Deceased: □ Before Sundown
□ After Sundown Date of Death: Gender: Relationship to observer:

Is there anything else you'd like us to know?



## **Household Membership Contribution Breakdown**

2023-2024 Membership Contribution:
Building Fund (if applicable) @ \$200:
Security Fee @ \$120:
Total:
Payment Information
I plan to make my <b>payment</b> in the form of: □enclosed check □credit card □ donor advised fund
Name on Credit Card
Credit Card Number   Exp. Date   Sec. Code
Authorized Signature
I agree to pay the total of my contribution: ⊠now □monthly** □quarterly***
**If monthly, I (we) understand that my (our) first payment will be processed upon receipt of this membership application; after it will be processed on the of each month. The last payment will be processed no later than May 1, 2024.
***If quarterly, payment will be processed on the first business day of July, October, January, and April.
Thank you so much for your donation. All membership contributions must be paid in full or secured with a payment plan through a preapproved credit card authorization or automatic bank withdrawal. All membership contributions are credited to your account by fiscal year but are tax deductible in the calendar year they are paid.
Membership Directory

We are excited to make available a Beth El Membership Directory. Please note this membership directory will only be available to members. This is an "Opt-Out" request, so you will be added unless indicating below you would not like to be included in the directory.

☐ Please **Do Not** include my household in the Beth El Membership Directory.