

Application Date: \_\_\_\_\_

MEMBER INFORMATION (ADULT 1)	
Full Name (include maiden name): <input type="checkbox"/> Rabbi <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
Hebrew Name:	Hebrew Name (in English letters):
Date of Birth:	Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a survivor of the Holocaust or children of survivors? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you read or speak Hebrew? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status (Check all that apply) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced* <i>(*If divorced, please attach relevant documentation of your get: officiating Rabbi, city, date.)</i>	
If Married, please list English Anniversary date:	
If Male (circle): <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	
Father's Hebrew name:	English Name:
Mother's Hebrew name:	English Name:
Are you a convert? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>(*If YES, please attach details: officiating rabbi, city, date)</i>	
Were any of your parents / grandparents converts? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>(*If Yes, please attach details)</i>	
Last synagogue affiliation & City:	
Home Address:	
City:	State: Zip Code:
Home Phone:	Cell Phone:
E-Mail Address:	
Occupation/ Profession:	
Business Name:	
Business Address:	
Business City:	State: Zip Code:
Business Phone:	Business Fax:

**MEMBER INFORMATION (ADULT 2)**Full Name (include maiden name):  Rabbi  Dr.  Mr.  Mrs.  Ms.  Miss

Hebrew Name:

Hebrew Name (in English letters):

Date of Birth:

Gender (check one):  Male  FemaleAre you a survivor of the Holocaust or children of survivors? (check one):  Yes  NoCan you read or speak Hebrew? (check one):  Yes  NoMarital Status (Check all that apply)  Single  Married  Widowed  Separated  Divorced\*  
*(\*If divorced, please attach relevant documentation of your get: officiating Rabbi, city, date.)*

If Married, please list English Anniversary date:

If Male (circle):  Kohen  Levi  Yisrael

Father's Hebrew name:

English Name:

Mother's Hebrew name:

English Name:

Are you a convert?  Yes\*  No *(\*If YES, please attach details: officiating rabbi, city, date)*Were any of your parents / grandparents converts?  Yes\*  No *(\*If Yes, please attach details)*

Last synagogue affiliation &amp; City:

Home Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

E-Mail Address:

Occupation/ Profession:

Business Name:

Business Address:

Business City:

State:

Zip Code:

Business Phone:

Business Fax:

# CHILDREN

**FAMILY NAME:** \_\_\_\_\_

*Please fill out the following form for your children who are unmarried and under 23 years of age.*

Child 1	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

Child 2	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

Child 3	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

Child 4	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

Child 5	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

Child 6	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

Child 7	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

Child 8	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

Child 9	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

Child 10	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Goes By:	
Last Name if different:	
Hebrew Name:	
Birthdate:	
Hebrew Birthdate:	

# MEMBER INVOLVEMENT FORM 2015

Thank you for your commitment to support your shul. Dues alone do not cover all of the shul's functions. Your effort and time ensures our success. Please let us know the areas of interest where you want to be involved. You can drop this off in the shul office, e-mail or fax it to 404.320.7912. Questions? Contact Sarah Faygie Berkowitz, [sfberkowitz@bethjacobatlanta.com](mailto:sfberkowitz@bethjacobatlanta.com) or call 678.244.6665.

**Name & Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

- |   |                          |
|---|--------------------------|
| Building & Grounds  | <input type="checkbox"/> |
| Chesed Committee / Bikur Cholim                               | <input type="checkbox"/> |
| Chevra Kadisha  | <input type="checkbox"/> |
| Dinner of Honor   | <input type="checkbox"/> |
| Empty Nesters   | <input type="checkbox"/> |
| Event Planning and/or Setup                                   | <input type="checkbox"/> |
| Finance   | <input type="checkbox"/> |
| Fundraising   | <input type="checkbox"/> |
| High Holiday Childcare Coordinator                            | <input type="checkbox"/> |
| High Holiday Greeter  | <input type="checkbox"/> |
| Hospitality   | <input type="checkbox"/> |
| House of Mourning Preparation                                 | <input type="checkbox"/> |
| Kiddush Preparation   | <input type="checkbox"/> |
| Mikvah  | <input type="checkbox"/> |
| Office Assistance   | <input type="checkbox"/> |
| Preschool   | <input type="checkbox"/> |
| Programming   | <input type="checkbox"/> |
| Purim Parade & Festival                                       | <input type="checkbox"/> |
| Sisterhood  | <input type="checkbox"/> |
| Sukkah Building   | <input type="checkbox"/> |
| Youth   | <input type="checkbox"/> |
| Other Skills/Services   | <input type="checkbox"/> |
| <i>Please call me to discuss my participation in the shul</i> | <input type="checkbox"/> |

# Yahrzeit

Please list names and dates of those whom you wish Yahrzeit (anniversary of death) notices sent:

Yahrzeit Family Member	
Name:	Hebrew Name:
Yahrzeit Date (Day, Month and Year):	
Before or after sundown:	
Relationship to which member:	

Yahrzeit Family Member	
Name:	Hebrew Name:
Yahrzeit Date:	
Before or after sundown:	
Relationship to which member:	

Yahrzeit Family Member	
Name:	Hebrew Name:
Yahrzeit Date:	
Before or after sundown:	
Relationship to which member:	

Yahrzeit Family Member	
Name:	Hebrew Name:
Yahrzeit Date:	
Before or after sundown:	
Relationship to which member:	

Yahrzeit Family Member	
Name:	Hebrew Name:
Yahrzeit Date:	
Before or after sundown:	
Relationship to which member:	

## MEMBERSHIP CATEGORIES: Please check box

*Your membership fees cover approximately 26% of Beth Jacob Atlanta's operational expenses.*

**Family:** Includes a married couple, with or without children. (The age will be determined by the age of the male spouse member on December 31st of the previous year)

AGE	ANNUAL	MONTHLY
35 and under	\$1,200	\$100
36 - 64	\$2000	\$167
65+	\$1,500	\$125

**Single:** An unmarried person (including those widowed or divorced) who has no children, or whose children are all married, or whose unmarried children are all at least 23 years old. (The age will be determined as of December 31st of the previous year)

AGE	ANNUAL	MONTHLY
35 and under	\$900	\$75
36 - 64	\$1,800	\$150
65+	\$1,200	\$100

**Single Parent:** An unmarried person (including those widowed or divorced) with at least one unmarried child under 23 years old.

ANNUAL	MONTHLY
\$1200	\$100

**Judaic Teaching Professional:** Either (1) an unmarried person (including those widowed or divorced) who is a full-time teacher at a Jewish day school or Kollel, or (2) a married couple where both spouses are full-time teachers at a Jewish day school or Kollel, or one spouse is a full-time teacher at a Jewish day school or Kollel and the other spouse is not employed. (Does not include employee of a Jewish day school or Kollel who is in a non-teaching position, e.g. administrator, nor does it include a family where one spouse is a Judaic teacher and the other is employed in a capacity other than as a Judaic teacher.)

ANNUAL	MONTHLY
\$600	\$50

**Student:** Single or head of household who is a full-time student in an undergraduate or graduate degree program. *Students: please list name of school, degree program, and expected date of graduation:* \_\_\_\_\_

ANNUAL	MONTHLY
Single \$180	\$15
Family \$360	\$30

**Associate Member:** Member of another synagogue who wishes to support and officially affiliate with Beth Jacob Atlanta. Full participation in shul activities and listing in Directory; not eligible for voting, elected position(s), cemetery plots, BJ Preschool tuition discount or High Holiday passes. *(We may call this Synagogue to verify membership form time to time.)*

ANNUAL	MONTHLY
\$480	\$40

**Name of other Synagogue to which I/we belong:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Building Fund:** All members are required to contribute to the Building Fund except for Student and Associate Members. This fund is used to pay for major repair and maintenance expenses for our facilities. The required contribution is \$2,000 per family, \$1,500 for Single and Single Parent. Your Building Fund obligation is payable at the rate of \$250 per year beginning in January of your first full year of membership.

**I commit to paying my full required Building Fund contribution. I understand that I must fulfill this obligation even if I terminate membership, and I agree to do so. Please initial that you agree and accept these terms.** \_\_\_\_\_

## PAYMENT

**INITIAL DUES PAYMENT:** One half of your pro-rated dues for your first year of membership is payable upon becoming a member. Annual dues correspond to the calendar year (Jan. 1 – Dec. 31). Dues will be pro-rated from the month you join.

**FINANCIAL NEED:** No one will be denied membership due to financial reasons. Please speak with the Executive Director if you need assistance with dues.

**BY-LAWS:** All members are required to abide by our constitution, bylaws, and policies. Please review on our website at: [bethjacobatlanta.org/bylaws](http://bethjacobatlanta.org/bylaws) or request a copy from the Office.

I certify that the information provided in this application is correct and I agree to fulfill my financial obligations as a member of Beth Jacob Atlanta.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

## ADDRESS FOR STATEMENTS

If the address at which you want to receive statements is different from your home address, please provide an alternate address below:

Address: _____		
City: _____	State: _____	Zip Code: _____

## PAYMENT

Please include payment for one half of annual dues with your Membership Application.

**Payment Type** (please check one):

Check enclosed     Cash enclosed     Please charge my credit card

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

For Office Use (revised 1-8-2015)

Approved by Rabbi \_\_\_\_\_ Date \_\_\_\_\_

Approved by Membership Trustee \_\_\_\_\_ Date \_\_\_\_\_

Approved by Treasurer \_\_\_\_\_ Date \_\_\_\_\_