



BETH SHOLOM TEMPLE NEW MEMBER FORM

PRIMARY CONGREGANT INFORMATION

Name(s):

Mailing Address:

Home Phone:

Email Address:

Cell Phone:

MEMBERSHIP CATEGORY

Which membership category do you)mp consider yourself in?

Please circle only one. There is no difference in what is included in your membership.

Family Senior (65+) Single Single Parent Under 30 Active Military

MEMBER COMMITMENT PAYMENT SCHEDULE AND AMOUNT (PLEASE COMPLETE ALL BLANKS IN ONE LINE)

Beth Shalom Temple has a voluntary dues policy. A financial commitment is greatly appreciated but the amount is voluntary. There is a suggested commitment for each membership category. This amount is based on proportional fair share so all members understand how much it costs to operate our congregation. With our voluntary policy, the suggested amounts are simply that, a suggestion. You determine how much you want to contribute each year. No questions will be asked about how much you choose to contribute. There is no need to request permission to pay anything different from the suggested amount. NO ONE is excluded from membership for the inability to pay the suggested rate or at all. Please provide the necessary information below.

Total financial commitment for temple year _____ is _____

Please indicate below how you intend to fulfill this commitment:

Monthly _____ payments of \$ _____ each = \$ _____ total for year

Quarterly 4 payments of \$ _____ each = \$ _____ total for year

Semi-annually 2 payments of \$ _____ each = \$ _____ total for year

Annually 1 payment of \$ _____ for year

PAYMENT TYPE (CIRCLE ONE)

Paper check

Electronic check (Echeck)
No Fee

Credit card (Visa or Mastercard only)
3% Fee

BILLING INFORMATION FOR ECHECKS AND CREDIT CARDS ONLY

Echeck *See Treasurer for instructions on how to set this up.*

Credit Card
(3% Fee)

Card Number:

Security Code:

Expiration Date:

Zip Code of Billing Address:

Day of the Month to Draft Dues Amount (for Echeck or Credit Card only):

SIGNATURE

The information provided on this form is true to the best of my knowledge and I authorize all financial transactions as detailed above during the fiscal year. I understand I may cancel at any time, but must contact the office with the appropriate details in order to ensure the closing of my account.

Signature of Primary Congregant (or Guardian if applicant is a minor):

Date:

PRIMARY CONGREGANT INFORMATION																																
Birthday:	Bar/Bat Mitzvah Date:	Hebrew Name:																														
Anniversary:	Torah Portion:	Yes, I want to read my Torah Portion.																														
<i>I am interested in the following activities or volunteer opportunities: (circle each one)</i> <table border="0"> <tr> <td>Torah Study</td> <td>Adult Education</td> <td>Book Club</td> <td>Archives</td> <td>Religious School</td> </tr> <tr> <td>Youth Group (VYBS)</td> <td>Communications</td> <td>Heritage Festival</td> <td>Torah Reading</td> <td>Office Volunteer</td> </tr> <tr> <td>Outreach</td> <td>Music</td> <td>Membership</td> <td>Library</td> <td></td> </tr> <tr> <td>Board of Directors</td> <td>Grounds</td> <td>Bagel Bar</td> <td>Tutoring</td> <td>Event Planning</td> </tr> <tr> <td>Kitchen</td> <td>Greeters</td> <td>Fundraising</td> <td>Caring Committee</td> <td>Ritual</td> </tr> <tr> <td>Judaica Shop</td> <td>Purim Shpiel</td> <td>Website</td> <td>Building Maintenance</td> <td></td> </tr> </table>			Torah Study	Adult Education	Book Club	Archives	Religious School	Youth Group (VYBS)	Communications	Heritage Festival	Torah Reading	Office Volunteer	Outreach	Music	Membership	Library		Board of Directors	Grounds	Bagel Bar	Tutoring	Event Planning	Kitchen	Greeters	Fundraising	Caring Committee	Ritual	Judaica Shop	Purim Shpiel	Website	Building Maintenance	
Torah Study	Adult Education	Book Club	Archives	Religious School																												
Youth Group (VYBS)	Communications	Heritage Festival	Torah Reading	Office Volunteer																												
Outreach	Music	Membership	Library																													
Board of Directors	Grounds	Bagel Bar	Tutoring	Event Planning																												
Kitchen	Greeters	Fundraising	Caring Committee	Ritual																												
Judaica Shop	Purim Shpiel	Website	Building Maintenance																													
<i>Are we missing something? Is there another event or opportunity you would like to see here, or do you or a family member have any special talents you'd like to share with BST? Tell us all about it: office@bstva.org.</i>																																
SPOUSE/PARTNER & CHILDREN INFORMATION (ADD ADDITIONAL SHEET IF MORE SPACE IS NEEDED)																																
Spouse/Partner's Name:	Bar/Bat Mitzvah Date:	Hebrew Name:																														
Birthday:	Torah Portion:	Yes, I want to read my Torah Portion.																														
Anniversary:																																
Child's Name:	Bar/Bat Mitzvah Date:	Hebrew Name:																														
Birthday:	Torah Portion:	Yes, I want to read my Torah Portion.																														
Child's Name:	Bar/Bat Mitzvah Date:	Hebrew Name:																														
Birthday:	Torah Portion:	Yes, I want to read my Torah Portion.																														
ONEG SHABBAT*																																
<i>Membership at Beth Sholom Temple carries the obligation of hosting an Oneg Shabbat participation at least once a year. Please visit this site to sign up for an Oneg Shabbat date: Signupgenius for Oneg Shabbats. It is the Member's responsibility to switch dates when necessary. If you are unable to participate for any reason, or have any questions, please contact the office.</i>																																
Yahrzeit Information (ADD ADDITIONAL SHEET IF MORE SPACE IS NEEDED)																																
<i>Beth Sholom Temple honors Lifecycle Events in a Sunday-Saturday weekly schedule. All yahrzeits that fall from Sunday to Saturday will be read during the Friday evening Shabbat Service of that week. For instance, if a yahrzeit being honored falls on a Saturday, it will be read at the previous evening's Friday service. If it falls on a Sunday, it will be read on the Friday following. If you have questions, please contact the office.</i>																																
Full Name:	Date:																															
	Relationship to Member:																															
Full Name:	Date:																															
	Relationship to Member:																															

Suggested Member Contribution Schedule

Member Category		Monthly	Quarterly	Semi-annually	Annually
Family	Family household	\$219	\$657	\$1,314	\$2,628
Single and Senior	Singles, single parent household; and Seniors (65 and over)	\$156	\$468	\$936	\$1,872
Under 30 and Active Military		\$62	\$186	\$372	\$744



If you have any questions about our suggested dues schedule or other financial issues, please contact Ellen Grady at treasurer@bstva.org or 703-975-1503.