



Beth El Hebrew Congregation

Membership Application

3830 Seminary Road ☆ Alexandria, VA 22304
 (703) 370-9400 ☆ office@bethelhebrew.org

Adult #1		Adult #2
	Title & First Name	
	Middle Name	
	Last Name	
	Nickname (I prefer people call me...)	
	Hebrew Name	
	Birth Date (Month/Date/Year)	
	Religious Background	
	Email Address	
	Home Phone	
	Cell Phone	
	Office Phone	
	Occupation	
	Employer	

Home Address:

Marital Status:

Anniversary Date:

Are you related to
other members?

Month/ Day/ Year

Tell us about your children . . .

Full Name	Nickname	Birth Date	B'nei Mitzvah Date	Hebrew Name

. . . and the Yahrzeits you recognize . . .

Full Name	English or Hebrew Date (Month/Date/Year)	Relationship

. . . and please let us know who to contact in the event of an emergency.

Full Name	Phone Number(s)	Relationship

How did you hear about Beth El Hebrew? _____

Please indicate below the committees or activities in which you would be interested in participating.

Please check those areas in which you have expertise.

Adult #

- | | | | | | |
|--------------------------|--------------------------|--------------------------------|--------------------------|-----------------------|--------------------------|
| Administration | <input type="checkbox"/> | Leadership Development | <input type="checkbox"/> | Accounting/Finance | <input type="checkbox"/> |
| Adult Education | <input type="checkbox"/> | Legal Counsel | <input type="checkbox"/> | Computers | <input type="checkbox"/> |
| Archives | <input type="checkbox"/> | Library & Learning Center | <input type="checkbox"/> | Electrical/Mechanical | <input type="checkbox"/> |
| ARZA | <input type="checkbox"/> | Marketing & Publicity | <input type="checkbox"/> | Event Planning | <input type="checkbox"/> |
| Beth El House | <input type="checkbox"/> | NVJCC Film Festival Screening | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> |
| Brotherhood | <input type="checkbox"/> | Office Volunteers | <input type="checkbox"/> | Gardening | <input type="checkbox"/> |
| Budget | <input type="checkbox"/> | Religious Practices | <input type="checkbox"/> | Graphic Design | <input type="checkbox"/> |
| Building and Grounds | <input type="checkbox"/> | Religious School/Youth | <input type="checkbox"/> | Health Insurance | <input type="checkbox"/> |
| Building Décor/Fine Arts | <input type="checkbox"/> | Renaissance Group | <input type="checkbox"/> | Human Resources | <input type="checkbox"/> |
| Bulletin | <input type="checkbox"/> | Social Action | <input type="checkbox"/> | Legal | <input type="checkbox"/> |
| Caring Community | <input type="checkbox"/> | Social Seniors | <input type="checkbox"/> | Marketing | <input type="checkbox"/> |
| College | <input type="checkbox"/> | Synagogue Federation Relations | <input type="checkbox"/> | Media Relations | <input type="checkbox"/> |
| Computer Support | <input type="checkbox"/> | Ways and Means | <input type="checkbox"/> | Mediation | <input type="checkbox"/> |
| Endowment Fund | <input type="checkbox"/> | Website | <input type="checkbox"/> | Office Management | <input type="checkbox"/> |
| Financial Management | <input type="checkbox"/> | Women of Reform Judaism | <input type="checkbox"/> | Web | <input type="checkbox"/> |
| Havurah | <input type="checkbox"/> | Holocaust Memorial | <input type="checkbox"/> | Writing | <input type="checkbox"/> |

Beth El Hebrew Congregation

ALEXANDRIA, VA

Fiscal Year 2020-2021 Free Will Dues

I/we pledge to serve our Beth El community by giving what we can to sustain it:

My/our free will dues contribution amount: \$ _____

Security Fund: + \$125 per household

Building Improvement Fund: + \$150 per household

I'd like to join the Sisterhood/WRJ: + \$ _____

[Indicate level: \$36 Rachel/Leah, \$54 Rebecca, \$72 Sarah, Eshet Chayil (Woman of Valor) \$108]

I'd like to join the Brotherhood: + \$ _____

[Complimentary membership for all male Beth El members. Donations to support its wide range of programs are welcome; write in amount]

TOTAL \$ _____

Beth El Hebrew Congregation Free Will Dues:
A guide for those unsure what to contribute

Your Income	Suggested Dues	Monthly	Quarterly
<\$50,000	2% of Income		
\$50,000	\$1,000	\$83	\$250
\$100,000	\$2,000	\$167	\$500
\$150,000	\$3,000	\$250	\$750
\$200,000	\$4,000	\$333	\$1,000
\$250,000	\$5,000	\$417	\$1,250
\$300,000	\$6,000	\$500	\$1,500
\$350,000	\$7,000	\$583	\$1,750
\$400,000	\$8,000	\$667	\$2,000
\$450,000	\$9,000	\$750	\$2,250
\$500,000	\$10,000	\$833	\$2,500

Continue on other side

Fiscal Year 2020-2021 Free Will Dues Payment Form

Full Name(s) _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Payment Method:

Check (attach first payment if monthly or quarterly)

Bank Debit (attach voided check)

Credit Card (provide information below OR pay online at bethelehebrew.org)

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____

Payment schedule:

Please bill me...

Now, in full

Semi-annually (July & Dec)

Quarterly

Monthly

Thank you for being a valued member of Beth El Hebrew Congregation.