

Adult Member 1

Mr. Mrs. Ms. Dr. Hon.

First & Middle Name _____ Last Name _____ Preferred Name _____

Date of Birth _____ Preferred Email _____ Please check box if you do NOT wish to receive email news.

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____
May we call you here? Yes No

Marital Status: Married Divorced Single Widowed Partnered Anniversary Date (if applicable) _____

Hebrew Name (if applicable) _____ Ben/Bat _____ / _____ Occupation _____
(Father) (Mother)

Specialization _____ Company Name _____ Title _____

Adult Member 1 Yahrzeits

Name (English and Hebrew)	Relationship	Secular Date of Passing	AM/PM

(Please note any additional Yahrzeits on a separate sheet of paper.)

Adult Member 2

Mr. Mrs. Ms. Dr. Hon.

First & Middle Name _____ Last Name _____ Preferred Name _____

Date of Birth _____ Preferred Email _____ Please check box if you do NOT wish to receive email news.

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____
May we call you here? Yes No

Marital Status: Married Divorced Single Widowed Partnered Anniversary Date (if applicable) _____

Hebrew Name (if applicable) _____ Ben/Bat _____ / _____ Occupation _____
(Father) (Mother)

Specialization _____ Company Name _____ Title _____

Adult Member 2 Yahrzeits

Name (English and Hebrew)	Relationship	Secular Date of Passing	AM/PM

(Please note any additional Yahrzeits on a separate sheet of paper.)

Children

We consider all your children part of our family, regardless of age. We encourage you to tell us about everyone. (Please note that children under age twenty-four (24) while a full time student or under age twenty-two (22) while unmarried are included in the membership.)

Child 1 First & Middle Name _____ Last Name _____

Preferred Name _____ Date of Birth _____ Gender _____ Grade _____ HS Graduation Year _____

Hebrew Name (if applicable) _____ Ben/Bat _____ / _____
(Father) (Mother)

Secular School _____

Is this Child a Bar/Bat Mitzvah? No Yes Date of Event _____ Confirmant? No Yes Date of Event _____

Child 2 First & Middle Name _____ Last Name _____

Preferred Name _____ Date of Birth _____ Gender _____ Grade _____ HS Graduation Year _____

Hebrew Name (if applicable) _____ Ben/Bat _____ / _____
(Father) (Mother)

Secular School _____

Is this Child a Bar/Bat Mitzvah? No Yes Date of Event _____ Confirmant? No Yes Date of Event _____

Child 3 First & Middle Name _____ Last Name _____

Preferred Name _____ Date of Birth _____ Gender _____ Grade _____ HS Graduation Year _____

Hebrew Name (if applicable) _____ Ben/Bat _____ / _____
(Father) (Mother)

Secular School _____

Is this Child a Bar/Bat Mitzvah? No Yes Date of Event _____ Confirmant? No Yes Date of Event _____

Child 4 First & Middle Name _____ Last Name _____

Preferred Name _____ Date of Birth _____ Gender _____ Grade _____ HS Graduation Year _____

Hebrew Name (if applicable) _____ Ben/Bat _____ / _____
(Father) (Mother)

Secular School _____

Is this Child a Bar/Bat Mitzvah? No Yes Date of Event _____ Confirmant? No Yes Date of Event _____

Please list additional children on a separate sheet of paper.

Membership Dues (annual by calendar year)

please check appropriate box

- Individual Age 35 and under \$ 487
- Individual Age 36 – 65 \$ 1,403
- Individual Age 66 and over \$ 1,187
- Families Age 35 and under* \$ 955
- Families 36-65* \$ 2,081
- Families 66 and over* \$ 1,598
- Out of Town 50+ Miles from Area \$ 638
- Conversion (dues waived for 1 year from conversion date)
- Newly married at Temple Beth-El
(dues waived for 1 year following marriage)

**Family categories are based on the age of the older partner and include children under age 24.*

Patron Member (optional annual donation in addition to dues)

Dues alone do not cover the operating cost of running Temple Beth-El. As a Patron Member, you help provide a full complement of religious, cultural and social activities for our congregation. Becoming a Patron Member is voluntary and not required for TBE membership.

please check one if you so choose

- Diamond** \$ 5,400 and up receives a rock on the Simcha Tree and an Etz Hayim prayer book dedicated in your name
- Double Chai** \$ 3,600 - \$ 5,399 Receives a rock on the Simcha Tree
- Chai** \$ 1,800 - \$ 3,599 Receives a leaf on the Simcha Tree
- Platinum** \$ 1,000 - \$ 1,799 Receives a leaf on the Simcha Tree
- Gold** \$ 750 - \$ 999
- Silver** \$ 500 - \$ 749
- Bronze** \$ 360 - \$ 499

Dues Adjustment: Temple Beth-El membership is open to all, regardless of means. If you have a financial concern, please call Faith Kallman at 804.355.3564 ext. 104 to discuss an arrangement.

Temple Beth-El views membership as a covenantal relationship between each individual and the entire congregation. As such, we all have responsibilities toward each other. We at Temple Beth-El are committed to lead you and your family to deeper relationships with Judaism and community, help you thrive intellectually, emotionally, and spiritually, and inspire you to build a better world.

I/we _____ agree to advance this purpose through involvement in congregational life, taking steps to grow Jewishly, to support others on their Jewish journeys, and to forge a more just, compassionate and peaceful society. Membership at Temple Beth-El is a sacred commitment to sustain an institution that helps people thrive through Judaism. We at Temple Beth-El encourage your support, and there are many ways to contribute. Your annual dues are one crucial way we ensure our continued strength.

As such, I/we _____ agree to pay annual dues and thereafter such annual dues as may be fixed in accordance with the Constitution of Temple Beth-El. I/we understand that should my/our marital, parental, or residency change, I/we will be expected to notify the synagogue of such change so that my/our membership category will be updated accordingly for the existing year. Otherwise, the membership category will remain until the new dues year.

Capital Fund Pledge: In understanding that others before me have underwritten the present physical plant of Temple Beth-El, I/we agree to pay \$540 in total over the first three (3) years of membership (\$180 annually) as our contribution to the Capital Fund.

Please do not send remittance with this application. We will contact you to arrange payment.

I/we hereby make application for membership to Temple Beth-El and promise, if accepted for membership, to honor the above commitments as well as abide by the Constitution and all the rules and regulations of Temple Beth-El.

Adult #1 Signature _____ Print Name _____ Date _____

Adult #2 Signature _____ Print Name _____ Date _____

FOR OFFICE USE ONLY

This application for membership has been reviewed and approved at the Board of Governors' meeting held on (enter date)_____.

Signature of Membership Chair _____ Date _____