

Temple Beth-El Membership Application

Name: _____ [] Kohen [] Levi [] Yisrael

Hebrew Name: _____ Ben / Bat _____ v _____ **DOB:** _____
Father Mother

Spouse: _____ [] Kohen [] Levi [] Yisrael

Hebrew Name: _____ Ben / Bat _____ v _____ **DOB:** _____
Father Mother

Marital Status: [] Single [] Married [] Divorced [] Widowed **Date of Marriage:** _____

Home Address: _____
(please print clearly)

Email Address: _____

Home Phone: _____ **Cell Phone:** _____ **Cell Phone(spouse):** _____

Current Employer: Primary: _____ **Spouse:** _____

Employer's Phone #: Primary: _____ **Spouse:** _____

Former Synagogue Affiliation: _____ **Membership Dates:** _____

Any Relatives Members of Temple Beth-El [] Yes [] No **Names:** _____

Names of Children -College Age or Younger (up to 25 years old)

Name: _____ **Sex:** M F **Hebrew Name:** _____

DOB / Name of School / Grade / Religious School / Grade

Name: _____ **Sex:** M F **Hebrew Name:** _____

DOB / Name of School / Grade / Religious School / Grade

Name: _____ **Sex:** M F **Hebrew Name:** _____

DOB / Name of School / Grade / Religious School / Grade

Yahrzeits

Name

English Date of Death

Membership Contract

Single*----{ }w/Children { }**Individual** [] Under Age 30 [] Age 30 – 35 [] Age 35-64 [] Age 65+

Married Couple(w/ or w/out Children) [] Under Age 30 [] Age 30 – 35 [] Age 35-64 [] Age 65+

Patron Member** [] Level I [] Level II [] Level III [] Level IV [] Level V

* A non-Jewish spouse is encouraged to participate as fully as possible in all facets of synagogue life with the exceptions of going up to the Torah, voting at congregational meetings or holding office. Please note that the category is determined by the age of the older spouse.

** **Patron Members pay regular dues based on category amount plus the patron amount based on the level chosen annually.**

I/we agree to pay \$ _____ in 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, residency or age status change, I/we will be expected to notify the synagogue within thirty (30) days that my/our membership category will change for the current year. Otherwise, the membership category will remain at the prior status.

Capital Fund

Understanding that others before me have underwritten the present physical plant of Temple Beth-El, I hereby pledge to the Capital Fund of Temple Beth-El the amount of:

The sum of \$ 540.00. The amount due with this Application for Membership is: \$ 180.00.

The remaining balance of \$ 360.00 is to paid out in two (2) annual installments of \$ 180.00 each.

I/we hereby make application for membership in 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.

_____/_____
Signature Date Signature Date

This application must be fully completed for the Temple office to process it.

Application received by: Temple Beth-El Business Office / Date: _____

Membership Committee Notified? Yes _____ No _____ Date: _____

Signature / Approved by Membership Committee Chairman Date: _____

Board of Governors approved at the Meeting on _____ per _____ (11/09Ver.D)