

**MEMBERSHIP APPLICATION**  
**2018-2019/5779**

**HOME MAILING INFORMATION**

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

Preferred Name(s) for Mailing: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Billing Address (if different from above): Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Single (  Engaged )  Married (Anniversary date: \_\_\_\_\_ )  Partnered  Widowed  Separated  Divorced

**ADULT (A)**

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Hebrew Name (In English): \_\_\_\_\_

M  F Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

Currently a stay at home parent

Occupation or Profession: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Co/Organization: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Religious Background:

Jewish -  Reform,  Conservative,  Orthodox,  
 Reconstructionist,  Jew by Choice

Considering Conversion

Non-Jewish - Religion Practiced: \_\_\_\_\_

Previous Synagogue Affiliation: \_\_\_\_\_

Do you have any disabilities?:  Vision  Hearing

Mobility  Other: \_\_\_\_\_

**ADULT (B)**

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Hebrew Name (In English): \_\_\_\_\_

M  F Date of Birth: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

Currently a stay at home parent

Occupation or Profession: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Co/Organization: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Religious Background:

Jewish -  Reform,  Conservative,  Orthodox,  
 Reconstructionist,  Jew by Choice

Considering Conversion

Non-Jewish - Religion Practiced: \_\_\_\_\_

Previous Synagogue Affiliation: \_\_\_\_\_

Do you have any disabilities?:  Vision  Hearing

Mobility  Other: \_\_\_\_\_

Please use additional paper if you need to list more individuals in your household.

The information you furnish will be kept confidential.

It is intended only for our records and to help us to better serve you and your family.

**CHILD (1) if applicable**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_ Hebrew Name (in English): \_\_\_\_\_  Male  Female  
Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Grade (as of Fall 2018): \_\_\_\_\_ OR Year my child will be entering Kindergarten: \_\_\_\_\_  
Address if child is not living at primary residence: \_\_\_\_\_  
Name of Public School: \_\_\_\_\_

**CHILD (2) if applicable**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_ Hebrew Name (in English): \_\_\_\_\_  Male  Female  
Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Grade (as of Fall 2018): \_\_\_\_\_ OR Year my child will be entering Kindergarten: \_\_\_\_\_  
Address if child is not living at primary residence: \_\_\_\_\_  
Name of Public School: \_\_\_\_\_

**CHILD (3) if applicable**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_ Hebrew Name (in English): \_\_\_\_\_  Male  Female  
Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Grade (as of Fall 2018): \_\_\_\_\_ OR Year my child will be entering Kindergarten: \_\_\_\_\_  
Address if child is not living at primary residence: \_\_\_\_\_  
Name of Public School: \_\_\_\_\_

**CHILD (4) if applicable**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_ Hebrew Name (in English): \_\_\_\_\_  Male  Female  
Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Grade (as of Fall 2018): \_\_\_\_\_ OR Year my child will be entering Kindergarten: \_\_\_\_\_  
Address if child is not living at primary residence: \_\_\_\_\_  
Name of Public School: \_\_\_\_\_

**OTHER ADULTS AT HOME**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B  
Date of Birth: \_\_\_\_\_ Synagogue Affiliation: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B  
Date of Birth: \_\_\_\_\_ Synagogue Affiliation: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B  
Date of Birth: \_\_\_\_\_ Synagogue Affiliation: \_\_\_\_\_

## YAHRZEIT INFORMATION

It is the custom at The Temple, Congregation B'nai Jehudah to read the names of loved ones who are no longer with us on the anniversary of their passing/yahrzeit. You will be notified by the Temple office the date your loved one's name will be read at Shabbat services and the appropriate date to light a remembrance candle.

I prefer to be notified on the Hebrew \_\_\_\_\_ English \_\_\_\_\_ date of passing. **NOTE: give English date format (mm/dd/yyyy)**

Yahrzeit #1 \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B Date of Passing \_\_\_\_\_

Yahrzeit #2 \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B Date of Passing \_\_\_\_\_

Yahrzeit #3 \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B Date of Passing \_\_\_\_\_

Yahrzeit #4 \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B Date of Passing \_\_\_\_\_

## OTHER INFORMATION

***In order to serve you better, please take a few moments to answer the following questions. Also, please feel free to include any additional information that you feel may be beneficial to us.***

What skills, hobbies or interests (i.e. musical talents, public relations experience, party planning, etc...) do you or members of your household have that might be shared with the congregation through our programming, religious school, adult education or worship?

Name: \_\_\_\_\_ Abilities: \_\_\_\_\_

Name: \_\_\_\_\_ Abilities: \_\_\_\_\_

Name: \_\_\_\_\_ Abilities: \_\_\_\_\_

Are you related to (i.e. parents, grandchildren, cousins, etc...) or are you friends with current Temple, Congregation B'nai Jehudah members?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B

What was your previous synagogue affiliation?

Synagogue: \_\_\_\_\_ City/State: \_\_\_\_\_

Activities you were involved in: \_\_\_\_\_

Do you have any suggestions or recommendations that you wish to forward to us regarding The Temple, Congregation B'nai Jehudah?

How did you hear of The Temple, Congregation B'nai Jehudah?

Referred by \_\_\_\_\_  Web Site  Phone Book  Ads  Other \_\_\_\_\_

Reason for joining: \_\_\_\_\_

Is there anything else you would like us to know about your or your family?

## THANK YOU

We are honored that you have chosen The Temple, Congregation B'nai Jehudah to be your spiritual home. We hope that you enjoy your worship, social and educational experiences with us, and we hope you will please be in touch with us should there be anything we can do for your family.

**ANNUAL COMMITMENTS AND FEES FOR NEW MEMBERS/FULL FAMILY**  
**For Membership Year June 1, 2018 - May 31, 2019/5779**

**FULL FAMILY MEMBERSHIP FINANCIAL COMMITMENT {TERUMAH} AND VOLUNTARY HIGHER GIVING LEVELS:**

Every membership at The Temple, Congregation B'nai Jehudah is vitally important to our community, and every donation is deeply appreciated. If you are able to do so, please consider increasing your support of people and programs throughout our congregational community by increasing your Terumah to a higher level. Your participation will allow us to stabilize, strengthen, and sustain The Temple, Congregation B'nai Jehudah and set it on a course for a healthy and positive future.

<input type="checkbox"/> Ner Tamid Cornerstone	\$18,000	<input type="checkbox"/> Young Congregants—Age 35	\$ 1,200
<input type="checkbox"/> Ner Tamid Pillar	\$ 9,000	<input type="checkbox"/> Young Congregants—Age 34	\$ 1,000
<input type="checkbox"/> Ner Tamid Visionary	\$ 7,200	<input type="checkbox"/> Young Congregants—Age 33	\$ 800
<input type="checkbox"/> Ner Tamid Guardian	\$ 5,500	<input type="checkbox"/> Young Congregants—Ages 31 - 32	\$ 600
<input type="checkbox"/> Ner Tamid Leader	\$ 3,700	<input type="checkbox"/> Young Congregants—Age 30	\$ 400
<input type="checkbox"/> Ner Tamid Builder	\$ 2,500	<input type="checkbox"/> Young Congregants—Ages 29 and under	\$ 200
<input type="checkbox"/> Standard Membership	\$ 1,992*	<input type="checkbox"/> Need to discuss fees	

\*There is an additional Security fee of \$50 per household.

Associate Member \$ 600.00 Regular Member at: \_\_\_\_\_

**PAYMENT SCHEDULE:** Please select one.

*Payments must be made by the 15th of the month.*

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Annually</b><br>(one payment in June 2018)                            | <input type="checkbox"/> <b>Semi-Annually</b><br>(one payment in June 2018, one payment in December 2018) |
| <input type="checkbox"/> <b>Quarterly</b><br>(one payment each Jun, Sept & Dec 2018 and Mar 2019) | <input type="checkbox"/> <b>12 Months</b><br>(one payment each month, June 2018 through May 2019)         |

**Important:** Annual Commitments and fees are considered due and payable at the beginning of the fiscal year, which is June 1, 2018. The Temple, Congregation B'nai Jehudah is pleased to offer payment terms throughout the fiscal year.

**PAYMENT AUTHORIZATION:** I/we understand that all

- Financial commitments must be current in order to receive High Holy Day tickets and other temple services.
- All financial commitments must be paid in full by the end of the fiscal year, May 31st, 2019

**YOUR MEMBERSHIP WILL BE PROCESSED UPON RECEIPT OF THIS COMPLETED FORM IN THE OFFICE. WELCOME!!!**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**METHOD OF PAYMENT:**

Pay when billed

*I/we understand that payment must be remitted no later than the 15th of the month according to the schedule indicated in Payment Schedule box on this form.*

Automatic payment by credit card:  Visa  MasterCard

*Credit card will automatically be charged on the 10th of the month according to the schedule indicated in the Payment Schedule of this form. All Temple, Congregation B'nai Jehudah expenses may be charged to this card the month they are incurred.*

Name (as it is written on credit card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

To help offset the costs of credit card processing, I authorize The Temple, Congregation B'nai Jehudah to add an additional voluntary 3% charge to my Terumah. SIGNATURE: \_\_\_\_\_