

MEMBERSHIP APPLICATION
 201 - 2025 / \$57, \$

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 &\$\$%); _____ 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 &\$\$%); _____ 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 &\$\$%); _____ 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 &\$\$%); _____ 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, 201- - May 31, 20&\$/57, \$

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"/> Annually
(one payment in June 201) | <input type="checkbox"/> Semi-Annually
(one payment in June 201 , one payment in December 201) |
| <input type="checkbox"/> Quarterly
(one payment each Jun, Sept & Dec 201 and Mar 20) | <input type="checkbox"/> 12 Months
(one payment each month, June 201 through May 20) |

Important: Annual Commitments and fees are considered due and payable at the beginning of the fiscal year, which is June 1, 201 .
 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, 20

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: _____