



THE TEMPLE, CONGREGATION

# B'NAI JEHUDAH

## MEMBERSHIP APPLICATION 2022-2023/5783

### HOME MAILING INFORMATION

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

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

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

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

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

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

Single /Engaged  Married (Anniversary Date: \_\_\_\_\_ )  Partnered  Widowed  Separated  Divorced  
Mm/dd/yyyy

### ADULT (A)

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

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

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

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

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

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

M  F  X Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Pronouns: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Religious Background:

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

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

Considering Conversion

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

Currently a stay at home parent

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

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

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

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

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

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

Do you need assistance for:  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  X Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Pronouns: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Religious Background:

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

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

Considering Conversion

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

Currently a stay at home parent

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

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

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

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

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

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

Do you need assistance for:  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): \_\_\_\_\_  M  F  X  
Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Pronouns: \_\_\_\_\_  
Child's E-Mail Address: \_\_\_\_\_ Child's Cell Phone: \_\_\_\_\_  
Name of Public School: \_\_\_\_\_ Grade (as of Fall 2022): \_\_\_\_\_ OR Year entering: \_\_\_\_\_  
Address if child is not living at primary residence: \_\_\_\_\_  
Notes: \_\_\_\_\_

**CHILD (2) if applicable**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_ Hebrew Name (in English): \_\_\_\_\_  M  F  X  
Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Pronouns: \_\_\_\_\_  
Child's E-Mail Address: \_\_\_\_\_ Child's Cell Phone: \_\_\_\_\_  
Name of Public School: \_\_\_\_\_ Grade (as of Fall 2022): \_\_\_\_\_ OR Year entering: \_\_\_\_\_  
Address if child is not living at primary residence: \_\_\_\_\_  
Notes: \_\_\_\_\_

**CHILD (3) if applicable**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_ Hebrew Name (in English): \_\_\_\_\_  M  F  X  
Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Pronouns: \_\_\_\_\_  
Child's E-Mail Address: \_\_\_\_\_ Child's Cell Phone: \_\_\_\_\_  
Name of Public School: \_\_\_\_\_ Grade (as of Fall 2022): \_\_\_\_\_ OR Year entering: \_\_\_\_\_  
Address if child is not living at primary residence: \_\_\_\_\_  
Notes: \_\_\_\_\_

**CHILD (4) if applicable**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_ Hebrew Name (in English): \_\_\_\_\_  M  F  X  
Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Pronouns: \_\_\_\_\_  
Child's E-Mail Address: \_\_\_\_\_ Child's Cell Phone: \_\_\_\_\_  
Name of Public School: \_\_\_\_\_ Grade (as of Fall 2022): \_\_\_\_\_ OR Year entering: \_\_\_\_\_  
Address if child is not living at primary residence: \_\_\_\_\_  
Notes: \_\_\_\_\_

**OTHER ADULTS AT HOME**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B  
 M  F  X Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)  
Synagogue Affiliation: \_\_\_\_\_  
Notes: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ to  Adult A  Adult B  
 M  F  X Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)  
Synagogue Affiliation: \_\_\_\_\_  
Notes: \_\_\_\_\_

## Yahrzeit Information

It is our custom to read the names of loved ones who are no longer with us on the anniversary of their passing/yahrzeit. You will be notified of when your loved one's name will be read at Shabbat services and the appropriate date to light a remembrance candle. I prefer to use the Hebrew \_\_\_\_\_ English \_\_\_\_\_ date. **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 \_\_\_\_\_

Yahrzeit #5 \_\_\_\_\_ 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 The 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 \_\_\_\_\_  Website  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 know that you will enjoy worship, social and educational experiences with us. Please be in touch with us should there be anything we can do for you.



THE TEMPLE, CONGREGATION

# B'NAI JEHUDAH

## ANNUAL COMMITMENTS AND FEES FOR NEW MEMBERS/FULL FAMILY For Membership Year June 1, 2022 - May 31, 2023/5783

### 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.

- Ner Tamid Visionary      \$36,000 and up
- Ner Tamid Guardian      \$18,000 - \$35,999
- Ner Tamid Pillar          \$ 9,000 - \$17,999
- Ner Tamid Foundation    \$ 5,000 - \$ 8,999
- Ner Tamid Cornerstone   \$ 2,500 - \$ 4,999
- Standard Membership    \$ 2,258
- Young Congregants scale — please advise

Need to discuss fees Requested amount: \_\_\_\_\_ Amount agreed on: \_\_\_\_\_

Associate Member \$ 600.00 Primary Synagogue: \_\_\_\_\_

### I/We wish to further assist the congregation by receiving my statement through email:

- Yes
- No, I prefer to receive a hard copy statement in the mail but I do **NOT** need a remittance envelope
- No, I prefer to receive a hard copy statement in the mail and I **DO** need a remittance envelope

### I/We wish to receive my statements:

- Monthly
- Quarterly (June, September, December, March)
- Semi-annually (June, December)
- Other: List months \_\_\_\_\_

We use a Congregant Relationship Manager ShulCloud. This includes your profile information and the membership directory. Please go to: <https://www.bnaijehudah.org/welcome-to-shulcloud/> for answers to your questions about ShulCloud. ShulCloud lists your entire amount due for the year; however, you are still welcome to make payments and track them over the course of the fiscal year.

### PAYMENT AUTHORIZATION: I/We understand that:

1. Financial commitments must be current in order to receive High Holy Day admittance and other services.
2. All financial commitments must be paid in full by the end of the fiscal year May 31st, 2023

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

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

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