

# Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Please print name as you would like it to appear in our Synagogue Directory)*

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Partnered  Separated  Divorced

Yes, Please include my/our information in the Synagogue Directory. *(Name's of members & children (including their birth dates), email & phone numbers)*

*When only one spouse is Jewish, please apply as a single member.*

PLEASE PRINT CLEARLY	Member One	Member Two
Title/Name		
Hebrew Name		
Mother's Hebrew Name <i>(Use Hebrew or English Characters)</i>		
Father's Hebrew Name <i>(Use Hebrew or English Characters)</i>	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
Date of Birth (month/day/year)	/ /	/ /
Bar/Bat Mitzvah Date	/ /	/ /
Anniversary Date (month/day/year)	/ /	/ /
Cellular Phone		
E-mail Address		
Occupation/Profession		
Business Name		
Business Phone/ Fax / Website		
Vacation Address City/State/Zip		
Vacation Phone		
Language other than English		
List relationship to any Member of Beth David		
Previous Temple Affiliation		
Referred By		

## Activities and Committees

*I/We are interested in the Following Activities and Committees*

Member One	Member Two
<input type="checkbox"/> <b>Adult Education</b> – Classes, Lectures & Speakers	<input type="checkbox"/> <b>Adult Education</b> – Classes, Lectures & Speakers
<input type="checkbox"/> <b>Fundraising</b> – Event or Direct Solicitation	<input type="checkbox"/> <b>Fundraising</b> – Event or Direct Solicitation
<input type="checkbox"/> <b>Membership</b> – Recruitment and Retention	<input type="checkbox"/> <b>Membership</b> – Recruitment and Retention
<input type="checkbox"/> <b>Programming</b> – Events, Galas and Fun	<input type="checkbox"/> <b>Programming</b> – Events, Galas and Fun
<input type="checkbox"/> <b>Sisterhood</b> – Cultural and Social	<input type="checkbox"/> <b>Sisterhood</b> – Cultural and Social
<input type="checkbox"/> <b>Social Action</b> – Mitzvah Day/Homeless Feeding	<input type="checkbox"/> <b>Social Action</b> – Mitzvah Day/Homeless Feeding
<input type="checkbox"/> <b>Museum /Fine Arts</b> – Scholar in Residence	<input type="checkbox"/> <b>Museum /Fine Arts</b> – Scholar in Residence
<input type="checkbox"/> <b>Havurah</b> – Social Networking	<input type="checkbox"/> <b>Havurah</b> – Social Networking
<input type="checkbox"/> <b>Ritual</b> – Ushering, Daily Minyan & High Holy Days	<input type="checkbox"/> <b>Ritual</b> – Ushering, Daily Minyan & High Holy Days
<input type="checkbox"/> <b>Synagogue Volunteer</b> – All areas of interest	<input type="checkbox"/> <b>Synagogue Volunteer</b> – All areas of interest
<input type="checkbox"/> <b>Singles' Group</b> – Jewish Connections	<input type="checkbox"/> <b>Singles' Group</b> – Jewish Connections
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

## Children

	Child #1	Child #2	Child #3	Child #4
First Name				
Middle Name				
Last Name (If Different)				
Hebrew Name				
Date of Birth (month/day/year)	/ /	/ /	/ /	/ /
Gender (M/F)				
Name of School Attending				
Current Grade				
E-mail Address				
Bar/Bat Mitzvah Date				
Hobbies or Interests				
If College Student, School & Expected Date of Graduation				
Address if Not Living With You Specify if College Address				

## Yahrzeit Information

Please list names, dates and relationship of those for whom you wish Yahrzeit (anniversary of death) notices sent.

I/We would like to observe the  Secular or  Hebrew date for Yahrzeit for my loved ones.

Name	Date of Passing (AM or PM)	Relationship To Member

List Additional Names on a separate sheet if necessary.

## Payment Information

**Financial Arrangements:** It is the policy of Beth David Congregation that 50% of the Membership Dues is paid at time of enrollment. In addition, the Annual Maintenance Assessment is due (3 year plan or one time payment). All Dues include membership fee to United Synagogue of Conservative Judaism. The annual Dues do not include: School Fees, Bar/Bat Mitzvah Fees or extra High Holy Day Tickets. All family members receive 2 High Holy Day Tickets. All Single Members receive 1 High Holy Day Ticket.

**All Dues must be paid in full by December 31, 2008.**

**2008-2009 Annual Dues:**

**Fair Share:**  Leader (\$12,500)  Benefactor (\$8,000)  Patron (\$4500)  Booster (\$3,000) \$ \_\_\_\_\_

**General Membership:**      **Category:** \_\_\_\_\_ \$ \_\_\_\_\_

**Fair Share Donation** (in addition to Membership): \$ \_\_\_\_\_

**Maintenance Assessment:** \$1,080.00.       3 year payment plan at \$360/year      \$ \_\_\_\_\_  
or       One time payment first year (\$1,000.00)      \$ \_\_\_\_\_

**TOTAL DUE:**      \$ \_\_\_\_\_

Attached please find a check in the amount of: \$ \_\_\_\_\_ made payable to Beth David Congregation.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Beth David Staff Initial: \_\_\_\_\_