

Please complete entire form and print.

Today's Date _____

1. ADULT ONE

Full name : _____

First Middle Maiden Last

Hebrew name: _____

Your Parents' Hebrew Names: Mother _____

Father _____

Title you prefer: Mrs. Mr. Ms. Dr. Other _____

Name you prefer: _____

Date of birth: Mo. _____ Day _____ Yr. _____

Current marital status: Single Married Domestic Partners

Divorced Widowed Other _____

Wedding anniversary (if applicable): Mo. _____ Day _____ Yr. _____

Home address: _____

Home Phone: (_____) _____

Occupation: _____

Active On leave Retired

Title: _____

Business name: _____

Address: _____

Business Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Please list any skills, interests and/or community activities: _____

Religion of birth: _____

If Jewish, tradition in which you were raised:

Conservative Orthodox Reconstructionist

Reform Secular

Current religion: _____

2. ADULT TWO

Full name : _____

First Middle/Maiden Last

Hebrew name: _____

Your Parents' Hebrew Names: Mother _____

Father _____

Title you prefer: Mrs. Mr. Ms. Dr. Other _____

Name you prefer: _____

Date of birth: Mo. _____ Day _____ Yr. _____

Current marital status: Single Married Domestic Partners

Divorced Widowed Other _____

Wedding anniversary (if applicable): Mo. _____ Day _____ Yr. _____

Home address: _____

Home Phone: (_____) _____

Occupation: _____

Active On leave Retired

Title: _____

Business name: _____

Address: _____

Business Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Please list any skills, interests and/or community activities: _____

Religion of birth: _____

If Jewish, tradition in which you were raised:

Conservative Orthodox Reconstructionist

Reform Secular

Current religion: _____

3. HOW WOULD YOU PREFER YOUR NAME(S) TO APPEAR ON THE MEMBERSHIP LIST?

(e.g., Mr. and Mrs. John Cohen, Mrs. Eva Cohen, John and Eva Cohen) _____

4. MEMBERS OF IMMEDIATE FAMILY

(Please list children, living at home or adult children and addresses. Attach additional paper if necessary.)

First Name	Hebrew Name	Birthdate	Grade	Name of School/College/Address

5. HOW DID YOU LEARN ABOUT TEMPLE BETH-EL?

Friends Open House Family Members Attended Services Rabbis/Staff Member as Child Newspaper Internet

Other _____

6. PLEASE PROVIDE YAHRZEIT INFORMATION:

Name of Deceased	Relationship	Secular Date of Death	Hebrew Date of Death	Do You Observe the Secular or Hebrew Yahrzeit?

7. HAVE YOU EVER BEEN AFFILIATED WITH ANOTHER CONGREGATION IN RHODE ISLAND?

If yes, name of Congregation: _____ Year of Resignation: _____

Positions held: _____

8. INTERESTS (Please number in order of priority with 1 highest)

Sisterhood Brotherhood School Board K'Tan Tan (family programs for very young children) Religious School Teaching

Preschool Programs Youth Groups (grades 1-12) Young Adults Family Activities Adult Enrichment

Communications College Outreach House Policies Interfaith Programs Hineinu (a caring committee)

Membership Library Social Action Ushers Fine Arts Music Beth-Elders (programs for seniors)

Cemetery Management Other _____

LEVELS OF ANNUAL SUPPORT Check one of the following as your initial commitment.

BASIC ANNUAL SUPPORT: \$1,875 _____

PREMIUM SUPPORT PROGRAM:

Pillars \$18,000+ _____

2 Shabbat sponsorships (i.e. flowers, refreshments, etc.) • One complimentary memorial tablet • Includes all following benefits...

Guardian's Circle \$10,000+ _____

1 Shabbat sponsorship (i.e. flowers, refreshments, etc.) • Includes all following benefits...

Rabbi's Circle \$5,000+ _____

Special invitations to semi-annual receptions with the clergy, the president or prominent scholars for an open forum discussion • Includes all following benefits...

Chai Circle \$3,600+ _____

One complimentary "Honor Thy Name" plaque • Includes all following benefits...

President's Circle \$2,800+ _____

Invitation to receptions • Reserved seating for selected events • Includes all following benefits...

Sustainer's Circle \$2,200+ _____

Permanent recognition in The Shofar

ENCLOSED IS MY FIRST PAYMENT OF: \$ _____

The membership year is June 1 through May 31. Annual Support is to be paid by May 31 prior to the membership year. Payment plans are available.

For future assessment, please bill me: Annually _____ Quarterly _____ Monthly _____

Please bill my VISA/MC/AMEX/DISCOVER _____ Number: _____ Exp. _____

PRESERVATION FUND

A minimum \$2000 one-time commitment required of each new member (payable over five years)

Preservation Fund (\$2000) payment plan _____

Name of interviewer(s): _____

Signature(s) of new member(s):

1. _____ 2. _____

Date of membership meeting: _____

For office use only: Date received _____ **Date joined** _____

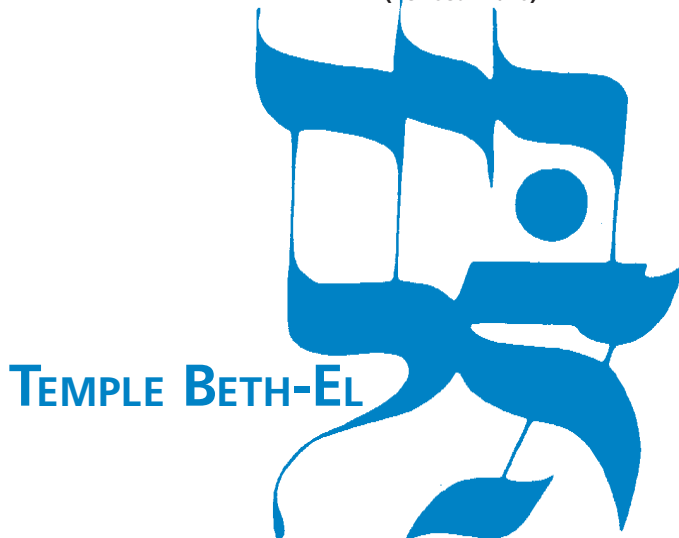
Holiday Tickets received _____

MEMBERSHIP POLICIES

1. Any person of the Jewish faith is eligible for membership (Article IV, Section 1, Temple Constitution).
2. In the case of couples or single parents, the unit of membership shall be the family. For the purpose of this article the family shall be construed to mean a couple or a single parent, and their, his or her unmarried dependent children residing with them or residing in another community while attending an education institution. A non-Jewish spouse or partner shall be considered a member in good standing and welcome to share in the fellowship of the Congregation. Voting privileges and the holding of office in all facets of Congregational life, the Board of Trustees' committees and Congregational meetings shall be reserved for members of the Congregation in good standing who are Jews and their families (Article IV, section 2).
3. Members shall be responsible for supporting the Congregation by prompt payment of all fees, dues, pledges, assessments and obligations as shall be determined by the Board of Trustees (Article IV, Section 6).
4. Basic Annual Support is described in *Levels of Annual Support*.
5. The Premium Support Program honors and recognizes those who provide Annual Support in excess of the basic membership rate. See *Levels of Annual Support* for honors and benefits of premium memberships.
6. Members who join after the High Holy Days will pay Annual Support the first year on a prorated basis.
7. Each new member is required to make a one-time pledge of \$2000 to the Preservation Fund, which provides for improvement to the interior and exterior of the Temple. Payment plans are available.
8. At any time, a member may request Annual Support assistance or payment plans. A confidential interview will be scheduled.
9. Payment for Annual Support and the Preservation Fund must be current to obtain membership cards for High Holy Day worship service admission and to enroll children in the Religious School.

APPLICATION FOR MEMBERSHIP

(Revised 12/10)



TEMPLE BETH-EL

Congregation Sons of Israel and David

70 Orchard Avenue • Providence, Rhode Island 02906 • (401) 331-6070

Thank you for inquiring about membership in our congregation. The information we have asked you to furnish will be kept confidential; it is intended solely for our Temple records. If you have any questions, please call our Executive Director, Ruby Shalansky at 331-6070. We look forward to welcoming you into the Temple Beth-El family.