

**TEMPLE BETH ELOHIM
NEW MEMBER APPLICATION
2019-2020**

Name-Adult 1		
Date of birth:	Email:	
Current address:		
City:	State:	ZIP Code:
Phone: (H)	Phone: (C)	Phone: (W)
Name-Adult 2 (If applicable)		
Date of birth:	E-mail:	
Phone: (C)	Phone: (W)	Anniversary:
CHILDREN UNDER 18		
Name(s):	Age(s):	Gender(s):
DONATIONS		
I (we) would like to enclose a donation in the amount of \$		
<input type="checkbox"/> Capital Improvement	<input type="checkbox"/> General Fund	
ONEGS Onegs are held on the 2 nd and 4 th Friday of each month.		
<p>We ask all temple members to host an Oneg, or co-host with a friend. Please select a date and one or two alternate dates. If you cannot host, you may make a donation to help defray the cost of items TBE purchases for Onegs.</p> <p style="text-align: center;">2019 - October 11 & 25 (Sukkot 13th), November 8 & 22, December 13 & 27 (Chanukah 22-30)</p> <p style="text-align: center;">2020 - January 10 & 24, February 14 & 28, March 13 (Purim) & 27, April 10 & 24, (Passover 8-16), May 8</p>		
Date #1	Date #2	Date #3
Yahrzeit (use back of sheet for additional names)		
Name(s) of Deceased	Relationship to You	Date of Death
DUES		
<input type="checkbox"/> \$450 FAMILY MEMBERSHIP Two adult household with or without dependent children.	<input type="checkbox"/> \$325 SINGLE MEMBERSHIP One adult with or without dependent children; one adult in an interfaith household, if desired.	<input type="checkbox"/> \$250* FAMILY ASSOCIATE MEMBERSHIP Member retains a current full membership in another temple (documentation required).
<input type="checkbox"/> \$36 FRIENDS OF TBE Friends of TBE are <u>non-Jewish</u> community members who wish to support our congregation. They will receive member pricing at temple functions.	<input type="checkbox"/> \$18 CHAI MEMBERSHIP An independent student enrolled at a local college or university.	TOTAL DUES & DONATION(S) \$
SIGNATURES		
Signature of applicant:		Date:
Signature of spouse/partner (only for a joint membership):		Date:

Make checks payable to Temple Beth Elohim and mail with your Membership Application to:
 Temple Beth Elohim, Attn: Michele Bennett, Treasurer
 PO Box 571 Georgetown, SC 29442