

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

Name:		
Date of birth:	Email:	
Current address:		
City:	State:	ZIP Code:
Phone: (H)	Phone: (C)	Phone: (W)
Spouse		
Date of birth:	E-mail:	
Phone: (C)	Phone: (W)	Anniversary:
<b>CHILDREN UNDER 18</b>		
Name(s):	Age(s):	Gender(s):
<b>DONATIONS</b>		
I (we) would like to enclose a donation in the amount of \$		
<input type="checkbox"/> Capital Improvement	<input type="checkbox"/> General Fund	
<b>ONEGS</b> Onegs are held on the 2 <sup>nd</sup> and 4 <sup>th</sup> Friday of each month.		
<p><b>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.</b></p> <p style="text-align: center;"><b>2019 - October 11 &amp; 25 (Sukkot 13<sup>th</sup>), November 8 &amp; 22, December 13 &amp; 27 (Chanukah 22-30)</b></p> <p style="text-align: center;"><b>2020 - January 10 &amp; 24, February 14 &amp; 28, March 13 (Purim) &amp; 27, April 10 &amp; 24, (Passover 8-16), May 8</b></p>		
Date #1	Date #2	Date #3
<b>Yahrzeit</b> (use back of sheet for additional names)		
Name(s) of Deceased	Relationship to You	Date of Death
<b>DUES</b>		
<input type="checkbox"/> <b>\$450 FAMILY MEMBERSHIP</b> Two adult household with or without dependent children.	<input type="checkbox"/> <b>\$325 SINGLE MEMBERSHIP</b> One adult with or without dependent children; one adult in an interfaith household, if desired.	<input type="checkbox"/> <b>\$250* FAMILY ASSOCIATE MEMBERSHIP</b> Member retains a current full membership in another temple (documentation required).
<input type="checkbox"/> <b>\$36 FRIENDS OF TBE</b> 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"/> <b>\$18 CHAI MEMBERSHIP</b> An independent student enrolled at a local college or university.	<b>TOTAL DUES &amp; DONATION(S)</b>  <b>\$</b>
<b>SIGNATURES</b>		
Signature of applicant:		Date:
Signature of spouse (only if 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