

**TEMPLE BETH ELOHIM  
NEW MEMBER APPLICATION  
2018-2019**

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>		
<p><b>We ask all members host an Oneg, or co-host with a friend. Please select a date and one or two alternate dates.</b>  <b>If you cannot host, you may make a donation to help defray the cost of items purchased for Onegs.</b>  <b>2018 –Sept. 28 (Sukkot), October 12 &amp; 26, November 9, December 7 (Chanukah) &amp; 21</b>  <b>2019 - January 11 &amp; 25, February 8 &amp; 22, March 8 &amp; 22 (Purim), April 12 &amp; 26, May 10</b></p>		
Date #1	Date #2	Date #3
<b>YAHARZEIT</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</b> <input type="checkbox"/> <b>\$180* SINGLE 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 Membership Application no later than September 5<sup>th</sup>, to:  
Art Kaufman, Treasurer  
2964 Mary Hines La.  
Georgetown, SC 29440